DOCUMENT RESUME

ED 247 681 EC 170 025

AUTHOR Frain, Joan
TITLE Project UPSTART. Final Report, October 1, 1982-September 30, 1983.
INSTITUTION Easter Seal Society for Disabled Children and Adults, Inc., Washington, DC.
SPONS AGENCY Special Education Programs (ED/OSERS), Washington, DC. Handicapped Children's Early Education Program.
PUB DATE Apr 84
GRANT G008202872
NOTE 169p.
PUB TYPE Reports - Evaluative/Feasibility (142)

EDRS PRICE MF01/PC07 Plus Postage.
DESCRIPTORS Infants; *Intervention; *Multiple Disabilities; *Outreach Programs; Program Effectiveness; *Severe Disabilities; Staff Development; Young Children
IDENTIFIERS *Project UPSTART

ABSTRACT

The report examines accomplishments of project UPSTART, an intervention approach for young severely multihandicapped infants and their families. The project's outreach provided assistance at six sites, three of which were new. Outreach accomplishments are evaluated according to six objectives, including stimulation of program development, provision of training, development of project materials, stimulation of state involvement, and involvement with other specific consultative assistance. Outreach accomplishments are described by site, and benefits of project activities are considered in terms of program development, training activities, project materials, and increased national/state/local involvement. Among project achievements are extension of training sites for university students, field testing of the sequenced neuro-sensorimotor program, and on-site demonstrations at replication sites. (CL)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)
☑ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
- Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

ED247681

FINAL REPORT
1982-1983

PROJECT UPSTART

Location:

Easter Seal Society
For
Disabled Children and Adults, Inc.
2800 - 13th Street, N.W.
Washington, D.C. 20009

Submitted to:

Handicapped Children's Early Education Program
Office of Special Education
U.S. Department of Education

Submitted by:

D. Lee Walshe, Ph.D.
Project Director
April 30, 1984

EC 170025

EDITOR................................D. Lee Walshe, Ph.D.

AUTHOR................................Joan Frain

CONTRIBUTING AUTHORS..................Kay Kincaid
Larry Szuch

TYPIST................................Barbara Blassengale

TABLE OF CONTENTS

I. DEPARTMENT OF EDUCATION FACE SHEET 1

II. GENERAL INFORMATION 3

A. Abstract 4

B. Overview of Outreach Accomplishments by Goal and Objectives 5

C. Brief Summary Statement of Objectives and Need 7

III. PERFORMANCE REPORT 9

A. Summary of Outreach Accomplishments 10

B. Summary of Outreach Accomplishments by site 15

-Model Demonstration Classroom 16

-Sharpe Health, Washington, D.C. - Replication 17

-United Cerebral Palsy, Prince Georges County, Maryland - Replication 18

-St. Mary's County Infant Education Program, Maryland - Second Generation 19

-Gwynn Center, Charles County, Maryland Second Generation 20

-Southeast Center, Washington, D.C. - Replication 21

-Green Holly School, St. Mary's County, Maryland Replication 22

-Gwynn Center, Charles County, Maryland Replication 23

-Table I - Impact Data Summary 24

C. Expanded Report 29

1. Facilities and Equipment 30

TABLE OF CONTENTS

III.

2. Benefits Accrued From Stimulating Program Development..... 33

Table II End of Year Data for Demonstration Site Southeast Center.............................. 34

Table III End of Year Data for Replication Site Sharpe Health................................. 35

Table IV End of Year Data for Replication Site United Cerebral Palsy.......................... 36

Table V End of Year Data for Second Generation Site, St. Mary's County...................... 37

Table VI End of Year Data for Second Generation Site, Gwynn Center........................... 38

Table VII End of Year Data for Replication Site Southeast Center............................ 39

Table VIII End of Year Data for Replication Site St. Mary's County.......................... 40

Table IX End of Year Data for Replication Site Gwynn Center................................ 41

3. Benefits from Training Activities....................... 42

4. Benefits from Developing Project Materials.............. 43

5. Benefits from Increasing National/State/Local Awareness.. 46

6. Benefits from Increasing Local/State/Federal Involvement...................................... 48

7. Benefits from Other Activities.......................... 50

D. Time Line.. 52

IV. APPENDIX.. 56

A. Child Progress Data.................................. 57

I. DEPARTMENT OF EDUCATION FACE SHEET

I. FACE SHEET

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF EDUCATION
WASHINGTON, D.C. 20202

PROGRAM PERFORMANCE REPORT (Discretionary Grants)

FORM APPROVED
OMB NO. 51-R1091

Further monies or other benefits may be, but will not necessarily be, withheld under this program unless this report is completed and filed as required by existing law and regulations *(45 CFR 121 GSA FMC 74-7).*

Part I

All grantees with awards from programs listed under "General Instructions" above respond.

1. Date of Report: April 30, 1984

2. Grant Number: G008202872

3. Period of Report: From: October 1, 1982

To: September 30, 1983

4. Grantee Name and Descriptive Name of Project:

EASTER SEAL SOCIETY FOR DISABLED CHILDREN AND ADULTS, INC.
Project Up-Start: Developmental Pre-school Education for the Severely/Profoundly Handicapped

Certification: I certify that to the best of my knowledge and belief this report *(consisting of this and subsequent pages and attachments)* is correct and complete in all respects, except as may be specifically noted herein.

Typed Name of Project Director(s) or Principal Investigator(s): D. Lee Walshe, Ph.D.

Signature of Project Director(s) or Principal Investigator(s): D. Lee Walshe

Part II *("Accomplishment" Reporting)*

A. All grantees, except for those with awards under 13.443 are to respond to this Section A. Grantees under 13.443 go to B of Part II.

All grantees with awards under 13.444 except those supported solely for "Outreach" activities are to follow the organization of categories listed below in presenting their performance reports. The categories are based on activities common to all Early Childhood projects with the exception noted above for projects solely supported for outreach activities.

(1) Direct and Supplementary Services for Children's Services
(2) Parent/Family Participation
(3) Assessment of Child's Progress
(4) Inservice Training for Project Staff
(5) Training for Personnel from other Programs or Agencies
(6) Demonstration and Dissemination Activities
(7) Coordination with other Agencies
(8) Continuation and Replication

The grant application for programs 13.445, 13.446, 13.450, and 13.520 provided for the following functions or activities as categorical headings in the budget and narrative sections:

Research and Development
Demonstration Service
Evaluation
Dissemination
Preservice/Inservice Training

Programs 13.451, and 13.452 do not usually require a breakout since the primary function or activity is intrinsic to the respective program.

For each of the above programs, functions, or activities *(as well as those of special import for certain programs; e.g., replication, advisory councils, parent involvement)* discuss the objectives and subobjectives presented in the approved application *(in narrative format)* in terms of:

(a) Accomplishments and milestones met.
(b) Slippages in attainment and reasons for the slippages.

Refer back to your application and utilize your quantitative quarterly projections, scheduled chronological order and target dates, and data collected and maintained as well as criteria and methodologies used to evaluate results for (a) and (b). For grantees under 13.444, in discussing training of personnel from other programs, include descriptions of types of training, institutions or organizations involved, and numbers of trainees and hours of training received.

Also highlight those phases of the plans of action presented in your application that proved most successful, as well as those that upon implementation did not appear fruitful. NOTE: Outreach grantees are to discuss accomplishments and slippages in terms of replication and stimulation of services, resources provided and field testing and dissemination and training in terms of types of personnel receiving training and the number of hours involved.

Grantees finishing this portion of Part II, go to C of Part II.

B. Reporting for Grantees under 13.443 *(Research and Demonstration).*

Discuss major activities carried out, major departures from the original plan, problems encountered, significant preliminary findings, results, and a description and evaluation of any final product. Either include copies of, or discuss: information materials released; reports in newspapers, maga-

BEST COPY AVAILABLE

II. GENERAL INFORMATION

A. ABSTRACT

B. OVERVIEW OF OUTREACH ACCOMPLISHMENTS BY GOAL AND OBJECTIVES

PROJECT UPSTART

OUTREACH

II. GENERAL INFORMATION

A. ABSTRACT

Project UPSTART, during this third year of outreach, offered assistance in replicating its developed Sequenced Neuro-Sensorimotor Program (SNSP) in Washington, D.C., Southern Maryland, and Prince George's County Maryland. Outreach services impacted on severely multihandicapped infants, pre-schoolers, young adults and their families. Future replication sites were identified. St. Mary's, Charles, Prince George's Counties and Northwest D.C. received outreach assistance in the areas of : staff training, follow-up consultation, child/parent programming, and evaluation. Opportunity to field-test the SNSP was provided by the three replication sites, two second generation sites, and the model classroom. University students, teachers, therapists, paraprofessionals and volunteers were trained in Washington, D.C., many from Maryland. UPSTART disseminated its developed program for profoundly/severely handicapped and offered assistance through awareness, training and consultive activities on a nationwide basis.

B. OVERVIEW OF OUTREACH ACCOMPLISHMENTS BY GOAL AND OBJECTIVES

Project UPSTART's staff participated in the national effort to insure quality services for young handicapped children and their families. Project UPSTART's outreach activities assisted other agencies in meeting the early educational needs of young handicapped children and their families. The objectives and the community needs, which outreach assisted, are presented.

Objective 1 - Stimulated program development. UPSTART staff assisted three new sites, serving severely multihandicapped infants, pre-schoolers, and young adults with initial program planning, staff training and program implementation. Consultation and program monitoring was ongoing. The sites began November, 1982.

Replication sites are located in Charles and Prince George's Counties, Maryland, and Washington, D.C.

Charles and Prince Georges's Counties, and Public Schools of Washington, D.C. asked Easter Seal Society for Disabled Children and Adults, Inc. for assistance with: establishing programs, staff training, parent programming, evaluation and behavior management.

Objective 2 - Provide Training. UPSTART's model classroom in Southeast Washington, D.C. and replication sites offered as part of outreach, preservice and inservice training to university students, high school students and volunteers. The model demonstration classroom and second generation sites coordinated and offered training opportunities to the two counties in Maryland and Washington, D.C. Many of these training activities involved working with university training programs and practicum-internship training.

This year Project UPSTART presented a training module on the team approach for graduate students enrolled at University of the District of Columbia. Nine students attended our short course of ten ½ days, see p. 134 for outline of program and schedule in the team approach attitude survey and course evaluation. The course was offered at our office, as well as, in a classroom and a rehabilitation setting.

Project UPSTART outreach staff offered extensive workshop experience to the Special Education staff of Charles, St Mary's and Prince George's Counties, Maryland, and Public Schools in Washington, D.C. followed by classroom and therapy consultation and demonstration. UPSTART staff prepared trainees to train others.

Objective 3 - Develop Project Materials. Project UPSTART staff is in the final stage of developing a soft-back "how to " book, for national distribution, describing: (a) the Sequenced Neuro-Sensorimotor Program using the team approach (b) how one develops a truly individualized program for each child that follows the stuctured sequence; (c) how one implements the program, adjusting for rural and urban areas; home and center-based programming; and (d) how one adjusts the sequential program for children at different levels of function. Project UPSTART has received many requests for its Sequence Neuro-Sensorimotor Program.

Objective 4 - Insure National/State/Local Awareness. On-site demonstrations continued at the model program site. All sites successfully met the critieria for Project UPSTART's Sequenced Neuro-Sensorimotor Program. TADS included Project UPSTART in their published book listing projects serving the handicapped. Also, conference monographs have been published and and available nationwide. Outreach staff presented at the HCEEP Conference in December and the Monatana symposium in April. Visitors from England spent one ½ day learning about our program and a doctoral student from Venezuela spent two weeks working in the demonstration classroom.

UPSTART staff noticed an increase in requests, both nationally and internationally whenever announcements of such materials appeared in national publications, therefore indicating that such materials are meeting an existing need.

Objective 5 - Stimulate State Involvement. Project UPSTART's Director is an active member in the SEP Urban Consortium. The Project Coordinator is a member of the Rural Consortium.

Objective 6 - Become Involved in Other Specific Consultive Assistance. Needs were indentified in the Tri-County area of Southern Maryland, Prince George's Counties, Maryland and Washington, D.C. Outreach funding enabled UPSTART outreach staff to assist in prioritizing needs and to offer consultive assistance.

C. BRIEF SUMMARY STATEMENT OF OBJECTIVES AND NEED

1. Maryland and Washington, D.C. received assistance in establishing quality programs to serve severely multihandicapped infants, pre-schoolers, and young adults.

2. Extension of training sites for university students, professional and para-professionals, and volunteers who are particularly interested in working with profoundly/severely handicapped infants was made possible, with outreach funding, for purposes of stimulating interest in expanding services to infants, pre-schoolers, and young adults, and to support additional training personnel.

3. Field testing of the Sequenced Neuro-Sensorimotor Program in urban and rural areas, home and center-based programs, was extended with outreach funding.

4. On-site demonstrations at replication sites and second generation site, and response to requests for information indicating further national interest, were accomplished.

5. Further involvement in Southern Maryland and Maryland regional planning were facilitated through outreach funding of additional staff.

6. Additional prioritized consultive needs were met when appropriate to UPSTART's outreach activities.

III. PERFORMANCE REPORT

A. SUMMARY OF OUTREACH ACCOMPLISHMENTS

III. PERFORMANCE REPORT

A. SUMMARY OF OUTREACH ACCOMPLISHMENTS

The goal of UPSTART"s Outreach Project has been to develop outreach activities which will assist other agencies to meet the early educational needs of young children on local, state and national levels, with improved quality of service.

1. Benefits accrued from stimulating program development. On the local level of outreach, assistance continued at a new program for severely multihandicapped infants / pre-schoolers in Southeast, Washington, D.C. The results are:

a. The quality of service for severely multihandicapped infants was improved inSoutheast Washinton, D.C.;

b. Local awareness of the needs of handicapped infants for quality service increased;

c. The black community became mobilized and actively sought additional services for handicapped infants from the state (D.C. Government);

d. The Southeast citizens expressed appreciation for the interest, concern and services.

Outreach continues in Maryland, in Charles County and has expanded to Prince George's and Montgomery Counties. One of these counties is rural and isolated, and it is difficult to attract and keep therapists and special education staff to serve their handicapped children. When Easter Seal Society announced that, as an Easter Seal Agency, it was extending limited services into Southern Maryland, Directors of Special Education asked for assistance. Two counties implemented the Sequenced Neuro-Sensorimotor Program. The results were:

a. Support, such as training and consultation, resulted in an implementation of additional services to severely multihandicapped pre-schoolers and young adults.

b. The implementation of techniques of neuro-developmental therapy and sensory integrative therapy facilitated interest among staff, both educators and therapists, in acquiring the skills appropriate to each discipline.

c. Interest and approval was expressed by parents, therapy and special education staff in the Sequenced Neuro-Sensorimotor Program.

Impact at the national level was observed. Requests to visit the replication and model demonstration sites were received from outside D.C. and Maryland agencies. Further documented impact of quality service programs in terms of handicapping condition and personnel were noted.

2. Benefits accrued from training activities. The model demonstration classroom at the Easter Seal Society (formerly D.C. Society) locally offered training to university students, para-professionals and volunteers from the Washington, D.C. area, as well as, suburban and rural Maryland, as an outreach activity of the coordinator/trainer. Specific training in the implementation of the Sequenced Neuro-Sensorimotor Program was a major focus of training activities. The results are:

a. Universities reported positively on their student' experiences.

b. Para-professional persons and volunteers evidenced improved skills in working with children,

c. Charles and Prince Georges Counties' Special Education personnel expressed satisfaction with the intellectual stimulation and enthusiasm on contact with a professional opportunity outside their county.

The outreach team at the second generation Southeast Washington, D.C. site also had local impact on the training needs of the Washington, D.C. community. Specific training in the implementation of the Sequenced Neuro-Sensorimotor Program also was a major focus of their training activities. The results are:

a. Universities reported positively on their students' experiences.

b. Para-professional persons and volunteers evidenced improved skills in working with children.

3. Benefits accrued from developing project materials. The Sequenced Neuro-Sensorimotor Program (SNSP) was field tested in an urban inner-city setting and rural setting. Documentation of various methods of implementing the SNSP, depending on whether urban, rural, home-based or center-based is invaluable information. Results obtained:

a. Implementation of the SNSP in the three replication sites demonstrated that it is an effective program implemented in a rural setting.

b. Documentation of various methods of implementing the SNSP was considered helpful as noted through requested for this information from urban, rural, home and center-based settings.

4. Benefits accrued from increasing national/state/local awareness. Due to a three month delay in funding and a shortage in staff our time line required modification. This modification impacted upon the projected program in several ways:

a. A delay in start up.

b. Involvement with the sites was diluted.

c. Visitors continued to indicate satisfaction with activities in the areas of demonstration and dissemination.

Presentations at the HEECP Cónference the Montana Symposium. Results obtained:

a. Requests for available materials increased, nationally and internationally.

b. Recipients indicated satisfaction with the materials.

5. Benefits accrued from increasing state involvement. Project UPSTART continued to be a member of the Urban and Rural Consortia of Handicapped Children's Programs, and maintained input to legislative study and policy formation. Results obtained:

a. With the additional staff time, provided through outreach assistance, urban and rural planning activities increased nationwide.

6. Benefits accrued from involvement in other specific consultive activities. Meetings between tri-county agencies (St. Mary's, Charles, Calvert), Easter Seal Society and UPSTART staff, and Prince Georges continued with requested input in liason activities between Charles County school and Springdale Center. The need for increased assistance in staff training and consultation has been identified. Results obtained:

a. Additional needs were stated.

b. Requests for assistance increased.

c. Plans were made for further outreach assistance.

d. Satisfaction was indicated by the county agencies which do receive assistance.

B. SUMMARY OF OUTREACH ACCOMPLHISHMENTS BY SITE

PROGRESS REPORT ON THIRD YEAR OUTREACH AT DEMONSTRATION AND REPLICATION SITES

SOUTHEAST CENTER - WASHINGTON, D.C.
DEMONSTRATION CLASSROOM

Child Services

Twenty-six children have been served in the demonstration clsssroom. Of these twenty-six, five were transferred to the new day care classroom in February and three children transferred out of the program due to prolonged illness. Two children began in late March, consequently no valid pre data is available. Two half-day programs are available. One group attends three days per week for three hours each session and a second group attends two days per week for three hours each session.

The staff consists of a teacher, teacher assistant, speech therapist, occupational therapist, and physical therapist. The model components are used without adaptation.

Family Services

Twenty-six families were impacted and there were ninety individual conferences. Twenty-five persons were reached through group meetings.

Demonstration and Dissemination

Ninety visitors were reported and eleven were in-class visits with staff.

Evaluation

The Early Learning Accomplishment Profile (E-LAP), the Gross Motor/ Reflex Development Test, and Receptive, Expressive Emergent Language (REEL) are used. The Parents "Help Wanted" and "Help Received" questionnaires are also used. Data from these questionnaires not available. See pp. 58-61.

Staff Training

One full day and an additional twenty-six hours consultations were provided by Outreach staff on site. The classroom is monitored once a month. Two partial days were spent procuring a video pre and post-intervention tape of portions of the sequence on one child for outreach purposes.

Data from the demonstration classroom may be found in Table II, p. 34.

SHARPE HEALTH SCHOOL
REPLICATION SITE

Child Services

Seven children were served in a primarily center-based program. Children are seen in an all day program, five days per week. IEP's and Early Learning Accomplishment Profiles were developed on each child.

Family Services

All parents participated in IEP meetings. Six parents have attended PMR/PTA meetings.

Dissemination

Two parent volunteers assist in the classroom on a weekly basis. Approximately twenty visitors have observed this classroom. One visitor was designated as in-class consultation.

Evaluation

Data is collected using the Early Learning Accomplishment Profile and the Coontz. See p.62 for pre and post-test chart.

Staff Training

One full day orientation to the program held at Project UPSTART headquarters was attended by eight persons, among them were teachers, teachers' aides and therapists.

Data from Sharpe Health Schools' replication site may be found in Table III, p. 35.

PRINCE GEORGE'S COUNTY - UNITED CEREBRAL PALSY
REPLICATION SITE

Child Services

Seven children were served in a primarily center-based program. The children are multi-handicapped and are seen in an all day program five days per week. Special Education and therapy plans include activities which address multi-sensory stimulation and physical, cognitive, social and self help skills. Further programming includes ongoing assessments and written documentation of student's progress and coordination of services including the interdisciplinary team approach with physician, social workers, etc. IEP's and a daily sequenced schedule were developed for each child.

Fimily Services

Seven families were impacted and there were twenty individual conferences.

Dissemination

Two students from a vocational program housed in another wing of the facility were part of the staffing team used for this site. A total of fifteen visitors observed the program. Of these, three were designated as in-class consultation.

Evaluation

Data is collected using the Learning Accomplishment Profile (LAP). See p. 63 for pre and post-test data chart.

Staff Training

One full day orientation to the program was held at Project UPSTART headquarters attended by a teacher, teacher assistant, and an occupational therapist. The Outreach team had seven full days consultation and "hands-on" training sessions with the staff and children.

Data from UCP of Prince George's County replication site may be found in Table IV, p. 36.

ST. MARY'S COUNTY, MARYLAND INFANT EDUCATION PROGRAM

SECOND GENERATION SITE

Child Services

Twenty children were served in a combined center and home program. Children are seen in the classroom ½ day weekly and at home ½ day monthly, or bimonthly, depending upon need. This second generation site has gone through many changes this year. The teacher is the only orginal staff member. The speech therapist and occupational therapist relocated and replacements were not hired until December. Project UPSTART delayed training new staff until all positions were filled. St. Mary's Infant program has continued to replicate components of the model.

Family Services

One hundred eighty visits were made by staff in the home. This replication site has a strong parent-home component. Nineteen parents attended group meetings.

Dissemination

Six visitors observed this replicated program in St. Mary's county.

Evaluation

The majority of this site's data is documented observation and is available to us upon request. Parts of the E-LAP were used in an informal manner not allowing us to include data in this report.

Staff Training

Project UPSTART's staff training included one full day of training to twelve Green Holly staff members followed by one full day of observation and was held in early February of 1983.

Because of new staff, increased student/staff ratio, and late start-up, Project UPSTART delayed intense hands-on consultation until next school year per request of Green Holly staff.

Data from St. Mary's Infant Education Program second generation site may be found in Table V, P. 37.

GWYNN CENTER - SECOND GENERATION SITE

Child Services

Eight severely/profoundly handicapped children ages 2½ - 6 years were served in a center based program. The children were seen in the classroom five days a week in an all day program. This second generation site staff consists of a teacher, two assistants, an occupational therapist (part-time), and a physical therapist (part-time). The only new staff person is the physical therapist. All of these staff attended a full day workshop on Project UPSTART's SNSP. This second generation site is replicating the model effectively and has written individual sequences for each child.

Family Services

Eight families were impacted and there were eight individual conferences. Two parents have attended consultive meetings and six parents attended the Christmas party.

Dissimination

Several students from neighboring high schools were exposed to the program through observation and "hands-on" training. Twenty-six visitors have observed this classroom including ten Head Start staff who specifically observed Project UPSTART's model program at this second generation site. Ten visitors were designated as in-class consultation.

Evaluation

This second generation site uses the E-LAP. See the pre and post-test data chart p. 64.

Staff Training

One full day orientation to the program was attended by two staff members. This second generation site received six visits this year from Project UPSTART's staff for "hands-on" consultation which were combined with service provided to the new replication site staff. This second generation site served as a model program to the SPH classroom at this center which is a new replication site. They provided assistance in developing individual sequences for each child.

Data from Gwynn Center second generation site may be found in Table VI. P. 30.

SOUTHEAST CENTER - WASHINGTON D.C.
DHS DAY CARE
REPLICATION SITE

Child Services

Ten children were served in a center-based program. Children were seen five days a week, ten hours per day in a day care arrangement. IEP's were developed for each child.

Family Services

Ten families were inpacted and thirteen individual conferences took place. Twenty-six persons were reached through group meetings.

Demonstration and Dissemination

Eighty-two visitors were reported of which forty were in-class consultations with staff.

Evaluation

Due to the lateness in the school year for the start of the day care program (February, 1983) no pre-data was available. Consequently, accurate gains would not be reflected in post-data scores.

Staff Training

A three hour initial awareness workshop was provided by Outreach staff on site. Six team members attended.

Data for the DHS Day Care replication site may be found in Table VII, page 39.

GREEN HOLLY SCHOOL - ST. MARY'S COUNTY

REPLICATION SITE

Child Services

Eight severely handicapped children were served in a primarily center-based program. Children are seen five days a week in an all day program. IEP's were developed for each child.

Family Service

Parents participated in IEP meetings.

Dissemination

This data was not solicited since the program did not continue with Project UPSTART.

Evaluation

Due to new pressures on the staff and principal to cover and manage two schools, the staff did not want to add work for themselves this year by continuing to cooperate in the Outreach phase of Project UPSTART.

Staff Training

One full day orientation to the program held at Green Holly School was attended by twelve staff members. This was followed by a full day of observation and "hands-on" training for consideration of possible program implementation in grant year 1984-85.

Data from St. Mary's SPH class replication site may be found in Table VIII, p. 40.

CHARLES COUNTY, MARYLAND-GWYNN CENTER PROGRAM
REPLICATION SITE

Child Services

Nine children were served in a primarily center-based program. Children are seen in an all day program, five days per week. IEPs and a daily sequenced schedule were developed for each child.

Family Services

Nine families were impacted and there were nine individual conferences. A visit is made to the home at least once per year. Parents are also encouraged to visit the classroom to observe the program.

Dissemination

Students from neighboring high schools were exposed to the program through observation and "hands-on" training. These students received course credit for regular weekly attendance and participation. A total of fifteen visitors were reported. One was designated as an in-class consultation visit.

Evaluation

Data is collected using the Early Learning Accomplishment Profile (E-LAP). See p.65 for pre-test chart. Due to an auto accident involving the teacher of this class an accurate post evaluative assessment was not available. The teacher has since resigned from her teaching position at this center.

Staff Training

One full day orientation to the program was attended by three center staff involved in working with Project UPSTART's Program.

Data for Charles County and Gwynn Center replication sites may be found in Table IX, p. 41.

TABLE I

OUTREACH

IMPACT DATA SUMMARY
END OF YEAR IMPACT DATA RESULTING FROM PROJECT UPSTART ACTIVITIES

ACTIVITIES	PARTICIPATION	RESULTS
Stimulating Sites Changes in organization as a result of using model components.	4 sites	St. Mary's County, Maryland continues to replicate components of the model. Release time for staff in training of NDT/SI in the classroom and the interdisciplinary team approach was offered. Gwynn Center, Charles County has allowed staff release time for training and meetings. A change of schedule has facilitated working in the classroom to increase staff ratio, particularly during feeding and to have additional input into developing sequences. Modification of the environment was adapted for the program especially for the SI area. United Cerebral Palsy, Bowie, Maryland allowed staff release time for training and meetings. A tremendous change at this site has been made to incorporate our model. Adaptation of the environment and total classroom rescheduling was done to incorporate our model. Sharpe Health Center, D.C. Public Schools has allowed staff release time to attend an all day training workshop and staff time to complete evaluation of the LAP.
Program Continuation	4 sites	St. Mary's County Infant Program is dealing with many changes this year. Staff turnover, reduction of staff and increased clients has made a very difficult year for this site. Replication of components of our model is still ongoing.

TABLE I (Continued)

OUTREACH

IMPACT DATA SUMMARY
END OF YEAR IMPACT DATA RESULTING FROM PROJECT UPSTART ACTIVITIES

ACTIVITIES	PARTICIPATION	RESULTS
Program Continuation (Cont.)	4 Sites	Gwynn Center SPH classroom is demonstrating an understanding of the sequenced program and the use of adapted techniques of NDT/SI is improving. However, a variation in activities needs to be achieved. Sharpe Health LAPS and IEPs were done with sequence in mind. Actual sequencing began in late January. United Cerebral Palsy LAPs and IEPs were done with sequencing in mind. Actual sequencing began in late January.
The model demonstration classroom	Due to reorganization of Easter Seals this year, the model demonstration program is located at the S.E. Center.	The classroom has completed IEPs and will write individual sequencing although the staff has been following sequencing as much as possible. This staff has had a turnover in each of the therapies this year.
Program services provided at these sites as follows:		
Total children and families served	All sites	87
Total visitors	All sites	264
Total number of classrooms	All sites	5

TABLE I (Continued)

OUTREACH

IMPACT DATA SUMMARY
END OF YEAR IMPACT DATA RESULTING FROM PROJECT UPSTART ACTIVITIES

ACTIVITIES	PARTICIPATION	RESULTS
Product Development/Distribution		
Item for which copyright or patent has been obtained	2 staff	Patent pending, has been filed with U.S. Patent Office.
Number of children receiving new/improved services, use of selected materials/components of model.	1 continuation classroom; 2 second generation sites; 3 replication sites.	87 children
Requests for products	Treatment Centers, Therapists, Teachers, Administrators, Teachers assistants, National/International schools	124 total requests to date
Awareness		
Visitors to replication sites and demonstration sites	Site staff	264 visitors
Number of contacts resulting in state involvement	2 outreach staff	11 contacts
After presentations, requests for information	attendees	88 requests

TABLE I (Continued)

OUTREACH

IMPACT DATA SUMMARY
END OF YEAR IMPACT DATA RESULTING FROM PROJECT UPSTART ACTIVITIES

ACTIVITIES	PARTICIPATION	RESULTS
Training		
Number of classrooms of handicapped children which will be served by number of persons reaching criterion training by end of year.	5 classrooms	87 children 9 staff
University of District of Columbia a two week course on team approach to intervention.	4 UPSTART staff 4 consultants 9 students	10 U.D.C. students
Howard University CORE Program for Allied Health Services major includes placement in demonstration classrooms as part of class work fulfillment.	Ongoing	Howard continues yearly to place college students in our demonstration classroom.
Participant satisfaction	Attendees at presentations	Varies according to level of presentation and educational level of attendees. Only generalizations we can make is that workshops with "live" demonstrations and most especially "hands-on" experience best received.
Agencies granting release time for workshops and training activities.	D.C. Headstart Programs, D.C. Public Schools, Charles County Public Schools, United Cerebral Palsy, Bowie, Maryland	5 agencies granting release 35 staff

TABLE I (Continued)

OUTREACH

IMPACT DATA SUMMARY
END OF YEAR IMPACT DATA RESULTING FROM PROJECT UPSTART ACTIVITIES

ACTIVITIES	PARTICIPATION	RESULTS
State Involvement/Coordination		
DAISEF-Consortium for D.C. private facilities	1 member	Attending and planning at the state level of private facilities in D.C.
Input into Maryland SEA	1 member	Input into planning for handicapped children at the state level.
SEA approved and fiscal support of ES programs	Classroom at Southeast Center	D.C. Public Schools support grants for SPH children at Easter Seal Society replicating the SNS Program.
Placement and transition from private to public schools	1 staff	Continued input to committee on placement in D.C.
Head Start	Number of staff ongoing	Collaboration of staff training and staff development at state level.
Continued active membership and support to rural and urban networks.	2 outreach staff participated	Input into rural and urban planning committees.

C. EXPANDED REPORT

1. FACILITIES AND EQUIPMENT

I. FACILITIES AND EQUIPMENT

Easter Seal Society for Disabled Children and Adults - Demonstration Classroom. This consists of a classroom located at 3640 Martin Luther King, Jr., Avenue, S.E., Washington, D.C. The classroom measures 14 by 25 feet. Cabinets and storage space are available as well as a sink. Appropriate tables and chairs are available. Adaptive equipment for the physically handicapped, such as, wedges, bolsters, adapted chairs and table tops, prone boards, inflatable therapy balls, inflatable cylinder, balancing platform, stand-up table, kneeling table, bolster seats, and adapted rocker.

Sharpe Health School - Replication Site. The classroom is located in the D.C. Public School's facility for handicapped children. It measures 30 by 30 feet and has two attached bathrooms. There is a teacher's desk and cabinet, coat cubbies for the children, a large exercise mat, four sidelyers, two pottie chairs, a sand table, texture toys and cause and effect toys, as will as headphones.

United Cerebral Palsy - Replication Site. The classroom is a large, rectangular shaped room and includes a sink and a bathroom. There is a carpeted area, a plinth, two standing tables, an air mattress, a wading pool, several mirrors, an exercise mat, a sand table, teacher's desk, changing table, large pottie chair, small pottie chair, two coat racks, record player, large foam wedges, bean bag chairs, bolsters, sandbags for positioning, and a therapeutic ball. There are also toys for sensory stimulation and some for cause and effect (including rhythm band instruments).

Gwynn Center - Replication Site. The classroom is a large triangular room which is a converted staff lounge area. It has a built-in cabinet and sink area. It is equipped with appropriate equipment including a sidelyer, a mat, beanbag, a work area, a semi-circular table, three small desks, one standing table, and a mulhullan chair.

University of the District of Columbia - Training. This year Project UPSTART taught a training module on the team approach for graduate students enrolled at U.D.C. Thirteen students attended our short course of ten ½ days, see p.134 for outline of program and schedule, evaluation forms. Course was offered at U.D.C. in a classroom setting and in a rehabilitative setting at the Southeast center and the Easter Seal Society's Northwest center.

St. Mary's County - Second Generation Site. The site is located at Green Holly School which is St. Mary's County Public School center for the handicapped. The room is approximately 20X30 with a divider which separates the darker quieting area from the more active area. The room has carpeting, chalk boards, sink, cabinets, table, chairs, therapeutic equipment and an observation room.

Department of Human Services - Replication Site. This site is a day-care DHS funded program located in Easter Seal Society's Southeast Center. It has a classroom 14X25 feet with storage space, sink, carpet, therapeutic and educational toys, mats for rest, adaptive equipment, audio-visual equipment, use of a therapy room and adapted playground.

Gwynn Center - Second Generation Site. This site is housed at a center for the handicapped within the public school system. The classroom is a fairly large rectangular shape. A majority of the floor is covered by an exercise mat, a large water-bed, and various pieces of equipment such as bolsters, wedges, and pillows. A vestibular net hangs from the ceiling over one area of the mat. Student desks flank one side of the room. Various pieces of equipment such as prone board, feeder seat, bean bags, adapted arm chairs are available.

St. Mary's County - Replication Site. This classroom is a large rectangular room with access to an outside play area from the room itself. Two areas of the room are covered with an exercise mat. Other equipment in the room includes bolsters, wedges, bean bags, pillows of various sizes and shapes, feeder seats, adapted arm chairs, pottie chairs, a rocking chair, water play table with cover and prone boards. There is a built in sink and a toaster oven on the counter. Transport chairs are also in the class.

2. BENEFITS ACCRUED FROM STIMULATING PROGRAM DEVELOPMENT

TABLE II

END OF YEAR DATA FOR DEMONSTRATION SITE SOUTHEAST CENTER, WASHINGTON, D.C.

ACTIVITIES	BREAKDOWN	TOTALS
Child Services		
Total number of children served		26
Staff	1 teacher 1 teacher assistant 1 speech therapist 1 occupational therapist 1 physical therapist	5
Volunteers	2 volunteers	2
Funding: Easter Seal Society for Disabled Children and Adults, Inc.		
Classroom:		
Model Components used without adaptation	Sequenced Neuro-Sensorimotor Program	All
Child Programs:		
See Appendix for data collection	Overall average Gain	6.5
E-LAP	Gross Motor	9.5
	Fine Motor	4.0
	Self-Help	5.3
	Social	8.0
	Language	6.6
	Cognitive	5.7
REEL:	Receptive	
	Expressive	
GMRD		
Family Services		
Number of families impacted		26
Number of individual conferences		90
Number attending group meetings		25
Demonstration/Dissemination		
Visitors:		90
Observation/awareness		
In class visit with staff consultation		11

Contact Person: Norma Evans-Barber
Address: 3640 Martin Luther King Jr., Avenue, S.E., Washington, D.C. 20032
Phone: (202) 562-7112

TABLE III

END OF YEAR DATA FOR REPLICATION SITE
SHARPE HEALTH, WASHINGTON, D.C.

ACTIVITIES	BREAKDOWN	TOTALS
Child Services		
Total number of children served		7
Staff	1 teacher 1 teacher assistant 1 occupational therapist 1 physical therapist	4
Funding: D.C. Public Schools		
Classroom: Model components used without adaptation	Sequenced Neuro-Sensorimotor Program	1
Child Programs: See Appendix for data collection	Overall average gains	1.0
E-LAP	Gross Motor	0.3
	Fine Motor	0.3
	Self-Help	0.0
	Social	2.7
	Language	1.3
	Cognitive	1.1
Family Services		
Number of families impacted		7
Number of individual conferences		7
Number attending group meetings		6
Demonstration/Dissemination		
Visitors:		
Observation/awareness		20
In class visit with staff consultation		1

Contact Person: Marian Siler
Address: Sharpe Health School, 4300 13th Street, N.W., Washington, D.C. 20009
Phone: (202) 576-6161

TABLE IV
END OF YEAR DATA FOR REPLICATION SITE
UNITED CEREBRAL PALSY, BOWIE, MARYLAND

ACTIVITIES	BREAKDOWN	TOTALS
Child Services		
Total number of children served		7
Staff	1 teacher 2 teacher assistants 1 occupational therapist	4
Funding: United Cerebral Palsy of Prince George's County		
Classroom: Model components used without adaptation	Sequenced Neuro-Sensorimotor Program	2
Child Programs: See Appendix for data collection	Overall average gains	1.9
E-LAP	Gross Motor	0.6
	Fine Motor	1.6
	Self-Help	0.5
	Social	2.1
	Language	3.3
	Cognitive	3.0
Family Services		
Number of families impacted		7
Number of individual conferences		20
Number attending group meetings		5
Demonstration/Dissemination		
Visitors:		15
Observation/awareness		12
In class visit with staff consultation		3

Contact Person: Paulette Paolozzi
Address: 3901 Woodhaven Lane, Bowie, Maryland 20715
Phone: (301) 262-4993

TABLE V

END OF YEAR DATA FOR SECOND GENERATION SITE
ST. MARY'S COUNTY INFANT EDUCATION PROGRAM

ACTIVITIES	BREAKDOWN	TOTALS
Child Services		
Total number of children served		20
Staff	1 teacher 1 teacher assistant 1 occupational therapist 1 speech therapist	4
Funding: St. Mary's County Public Schools		
Classroom:		
Model compenents used without adaptation	Sequenced Neuro-Sensorimotor Program	3
Child Programs:		
Data collection available upon request	Written observation and some sections on LAP	
	Overall average gains	N/A
	Gross Motor Fine Motor Self-Help Social Language Cognitive	
Family Services		
Number of families impacted		20
Number of individual conferences		180
Number attending group meetings		19
Demonstration/Dissemination		
Vistors:		
Observation/awareness		5
In class visit with staff consultation		1

Contact Person: Walt Frazier
Address: Green Holly School, 150 Millstone Landing Road
Lexington Park, Maryland 20653
Phone: (301) 862-2174

TABLE VI
END OF YEAR DATA FOR SECOND GENERATION SITE
GWYNN CENTER, CHARLES COUNTY, MARYLAND

ACTIVITIES	BREAKDOWN	TOTALS
Child Services		
Total number of children served		8
Staff	1 teacher 2 teacher assistants 1 occupational therapist 1 occupational assistant 1 physical therapist	6
Funding: Charles County Public Schools		
Classroom:		
Model components used without adaptation	Sequenced Neuro-Sensorimotor Program	2
Child Programs:		
See Appendix for data collection	Overall average gains	0.5
E-LAP	Gross Motor	1.0
	Fine Motor	0.3
	Self-Help	0.0
	Social	1.0
	Language	0.5
	Cognitive	0.4
Family Services		
Number of families impacted		8
Number of individual conferences		8
Number attending group meetings		8
Demonstration/Dissemination		
Visitors:		
Observation/awareness		26
In class visit with staff consultation		10
	Head Start	10

Contact Person: Ray Bryant

Address: F.B. Gwynn Educational Center, Star Route 5, Box 536
La Plata, Maryland 20646

Phone: (301) 934-3884

TABLE VII
END OF YEAR DATA FOR REPLICATION SITE
SOUTHEAST CENTER, DHS DAYCARE
WASHINGTON, D.C.

ACTIVITIES	BREAKDOWN	TOTALS
Child Services		
Total number of children served		10
Staff	1 teacher 3 teacher assistants 1 occupational therapist 1 speech therapist 1 physical therapist	
Funding: Department of Human Services		
Classroom:		
Model components used without adaptation	Sequenced Neuro-Sensorimotor Program	
Child Programs:		
Program began late February 1983. No pre-data available, post data would not be accurate reflection of gains.		N/A
Family Services (Jan. - June 1983)		
Number of families impacted		10
Number of individual conferences		13
Number attending group meetings		26
Demonstration/Dissemination		
Visitors:		82
Observation/awareness		42
In class visit with staff consultation		40

Contact Person: Norma Evans-Barber
Address: 3640 Martin Luther King Jr., Avenue, S.E., Washington, D.C. 20032
Phone: (202) 562-7112

TABLE VIII

END OF YEAR DATA FOR REPLICATION SITE
ST. MARY'S COUNTY, MARYLAND

ACTIVITIES	BREAKDOWN	TOTALS
Child Services		
Total Number of children served		8
Staff	1 teacher 2 teacher assistants 1 occupational therapist 1 physical therapist	5
Funding: St. Mary's County Public Schools		
Classroom:		
Model components used without adaptation	Sequenced Neuro-Sensorimotor Program	N/A
Child Programs:		
Discontinued prior to end of year. See p. 22 for explanation	Overall Average Gross Gross Motor Fine Motor Self-Help Social Language Cognitive	N/A
Family Services		
Number of families impacted Number of individual conferences Number attending group meetings		N/A
Demonstration/Dissemination		
Visitors: Observation/awareness In class visit with staff consultation		N/A

Contant Person: Walt Frazier, Principal
Address: Green Holly School, Lexington Park, Maryland 20653
Phone: (303) 862-2174

TABLE IX

END OF YEAR DATA FOR REPLICATION SITE GWYNN CENTER, CHARLES COUNTY, MARYLAND

ACTIVITIES	BREAKDOWN	TOTALS
Child Services		
Total number of children served		9
Staff	1 teacher 2 teacher assistants 1 physical therapist 1 occupational therapist 1 speech therapist	6
Funding: Charles County Public Schools		
Classroom:		
Model Components used without adaptatiom	Sequenced Neuro-Sensorimotor Program	3
Child Programs:		
See p.23 for explanation		N/A
Family Services		
Number of families impacted		9
Number of individual conferences		9
Number attending group meetings		2
Demonstration/Dessemination		
Visitors:		
Observation/awareness		15
In class visit with staff consultation		1

Contact Person: Ray Bryant
Address: F.B. Gwynn Educational Center, Star Route 5, Box 536
La Plata, Maryland 20646
Phone: (301) 934-3884

3. BENEFITS FROM TRAINING ACTIVITIES

3. Benefits From Training Activities

Impact through outreach training activities may be evaluated in a number of ways. Eighty seven children have been served by nine persons meeting criterion training which is a measure of impact. A measure of appreciation of the quality of training offered by UPSTART outreach is to be found in the decision at the university level to send undergraduates and graduate students into the demonstration and replication site classrooms. Ten graduate level special education students participated in a two-week on-site workshop. Their reactions to information received and experiences were totally favorable. The following agencies granted release time for their students and staff, totalling 35, to attend UPSTART's workshops and training activities; Charles and Prince George's Counties, Maryland, Howard University, American University, George Washington University, Southeast Center, Anacostia Pre-School, University of District of Columbia.

The teacher of the Washington D.C. Public School site was asked to present to the full faculty of her school an introduction to and a reaction to the Project's program. She was also instrumental in the initiation of a volunteer program for High School students at her site.

4. BENEFITS FROM DEVELOPING PROJECT MATERIALS

4. Benefits from Developing Project Materials

There are two items for which copyright or patent is in the final stage of being obtained. As soon as the patent, copyright, and revisions are complete, widespread news coverage will result in increased requests for materials. The number of children who are known to be receiving new/improved services via use of selective materials/component of the model is 87.

The outreach staff has been modifying its Start-Up Manual, which specifically describes, step by step, the procedure on how to develop the SNSP.

5. BENEFITS FROM INCREASING NATIONAL/STATE/LOCAL AWARENESS

5. Benefits from Increasing National/State/Local Awareness

After introductory presentations this year, there have been 88 various requests for information. A total of 264 visitors have toured the replication and continuation sites. Project UPSTART has had the opportunity to present at the HEECP Conference and the Montana Symposium and awaits the publication of presentations given at the Home of the Merciful Saviour, Philadelphia, Pennsylvania. Approximately 63 participants were involved at a national level.

United Cerebral Palsy of Montgomery County invited Project UPSTART to observe their summer camp program and to offer recommendations in regard to program. This was done during June and July of 1983.

The parent board member of United Cerebral Palsy of Montgomery County invited us to have input into their Saturday respite program. This effort was attempted with two visits then aborted as the original teacher left and the new teachers were not interested.

6. BENEFITS FROM INCREASING LOCAL/STATE/FEDERAL INVOLVEMENT

6. Benefits from Increasing Local/State/Federal Involvement

A Coordinator/Trainer from Project UPSTART was involved in consulting with other professionals and parents and advocates for the handicapped to the Washington, D.C. Mayor's Committee on the Handicapped. As a result, requests were made to Project UPSTART for information and materials and the Project UPSTART coordinator was asked to present.

The Project Coordinator was involved in the Rural Consortium. He attended Rural Consortium meeting at the SEP Conference, and had input into rural monographs, and collected data requested of the project for data information.

Project UPSTART's Director participated in planning for an Urban Consortium Conference. Meetings were held in Washington, D.C., Chapel Hill, N.C., and New Orleans, Louisiana. Communication and shared identification of urban problems and solutions were facilitated although the national conference was cancelled. The planning sessions involved HCEEP projects from : New York, New Orleans, Dallas, Houston, Washington, D.C.

A project Coordinator/Trainer attends monthly meetings of the District of Columbia Association of Independent Special Education Facilities which copes with the interface between public and private facilities at the local and state level.

Local involvement in dissemination, consultative, and training activities has underscored the increase in services, equipment and skill-training which are essential to quality service providers of severely and profoundly multi-handicapped very young children.

7. BENEFITS FROM OTHER ACTIVITIES

7. Benefits from Other Activities

1. Home of the Merciful Saviour in Philadelphia, Pennsylvania sponsored a conference on addressing social-emotional development in the handicapped. Two Project UPSTART staff prepared abstracts and presented at this conference. As a result, a monograph will be published allowing Project UPSTART's theory, philosophy, and programs to again claim national recognition. This has enabled the Project members to have experience with editing and collaboration.

2. All the outreach staff and many staff from replication and demonstration sites have supported and participated in greater interagency coordination.

3. Project staff consulted Gwynn School and Springdale Vocational Center toward the facilitation of a program for student preparation to ease transition from the public school center to the vocational center.

4. Having been permitted an extension Project UPSTART was able to update its overview audio/slide presentation which involved the collaboration of several community individuals and businesses. See page 125.

D. TIME LINE - ANTICIPATED AND ACTUAL ACCOMPLISHMENTS

OUTREACH

PROJECT TIME LINE

1982 - 1983

ACTIVITIES	1982			1983								
	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT
Relocation/Start-Up/Plan for Training	X 0	X 0										
One Day Training All Sites: S.E./Charles/ Bowie/Sharpe		X 0										
Two Day Observation/Consultation Each Site		X 0	X 0	X 0								
HCEEP Conference/Presentation			X 0									
Pre Tape S.E.		X 0	X 0									
Complete Start-Up Manual			X	X								
Pre Scores All Sites			X 0	X 0								
Final Sequences All Sites				X 0	X 0							
Write New Proposal				0	X							
Prepare for and Instruct UDC Module					X 0	X 0	0					
Community Awareness Presentation					X 0	X 0	X 0	X 0	X 0	X 0	X 0	X 0
Once Monthly Site Visits				X 0	X 0	X 0	X 0	X 0				
Write/Submit Journal Articles						X	X	X	X	X	X 0	X
Montana Conference Preparation and Presentation							X 0					

*KEY X=anticipated time line
0=achieved dates of accomplishment

OUTREACH

PROJECT TIME LINE

1982 - 1983

ACTIVITIES	1982			1983								
	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT
Post Tape S.E.								X	X 0			
Post Scores All Sites								X 0	X 0			
Consultation to Demonstration Therapists										X 0	X 0	X 0
United Cerebral Palsy of Montgomery County Report											X 0	
CEC Proposal												X 0
Search and Hire Occupational/Physical therapist member of team								X 0	X 0	X 0	X 0	X 0

*KEY X= anticipated time line
0= achieved dates of accomplishment

OUTREACH

PROJECT TIME LINE
(Extension)
1983 - 1984

ACTIVITIES	1983				1984								
	OCT	NOV	DEC		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT
Search and Hire Occupational/Physical Therapist member of team	X 0	X 0	X 0										
AAMD Proposal	X 0												
Audio Visual Update	X 0	X 0	X 0		X 0	X 0	X 0	X 0					

*KEY X= anticipated time line
0= achieved dates of accomplishment

IV. APPENDIX

A. CHILD PROGRESS DATA

Room 1 (3 day group)

SOUTHEAST DEMONSTRATION CLASSROOM

			REEL		GMBD		HOME		LAPS					
									Gross Motor		Fine Motor		Self-Help	
Name	Ambul.	Non Ambul.	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
2a		X	E 14.0 R 22.0	E 18.0 R 24.5	8.0	10.0			6.0	8.5	14.0	16.0	14.0	16.0
2b		X	6.0 6.0	7.0 7.0	8.5	9.5			9.0	9.0	6.5	8.0	14.0	14.0
2d		X	6.0 6.0	6.7 6.7	4.0	5.0			2.0	4.0	3.0	4.0	6.0	6.0
2e	X		10.0 13.5	14.0 16.0	14.0	16.5			13.0	21.0	14.0	18.0	18.0	30.0
2f		X	5.5 7.0	7.0 7.0	4.0	4.0			3.0	3.5	5.5	7.0	below 6.0	6.0
2g**		X	4.0 4.5	-	2.5	-			4.0	-	3.0	-	below 6.0	-
2h	X		6.0 7.0	8.0 9.0	16.5	22.5			19.0	36.0	8.0	10.0	7.0	14.0
3j		X	20.0 16.0	27.0 28.5	4.5	8.0			4.5	7.0	15.0	22.5	12.0	17.5
2k		X	9.0 9.0		6.5	11.0			9.0	11.0	10.0	12.0	12.0	14.0
2m		X	4.0 4.0	5.0 5.0	6.5	7.0			7.0	8.0	9.0	9.0	9.0	9.0
	AVERAGE GAINS:					2.3				5.0		2.4		3.3

**Transferred/Discontinued mid-year (not included in average gains)

BEST COPY AVAILABLE

1 (3 day group)

SOUTHEAST DEMONSTRATION CLASSROOM

LAP

		SOCIAL		LANGUAGE		COGNITIVE		HELP WANTED	HELP RECEIVED
		Pre	Post	Pre	Post	Pre	Post		
2a	DB	24	33	18	18	24	24		
2b	HC	9	14	5	9.5	7	9		
2d	LD	below 6	below 6	5	5	5	5.5		
2e	JG	24	33	15	18	14	24		
2f	CS	6	13.5	6	6	5.5	9.5		
2g	JT	2	-	5	-	3	-		
2h	JV	11	11	12	12	10	10		
3j	CW	12	36	21.5	36	17.5	27		
2k	KW	11.5	12	9	15	12	12		
2m	TH	2	3	4	5	3	4		
			6.2		3		3		

BEST COPY AVAILABLE

Room 1 (2 - day group)

SOUTHEAST DEMONSTRATION CLASSROOM

									LAPS					
Name	Ambul.	Non Ambul.	PEEL		GMRD		HOME		Gross Motor		Fine Motor		Self-Help	
			Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
1a **	X		E. 9 R. 10	E. - R. -	N/A*	-			21	-	14	-	21	-
1b **	X		16 22		N/A*	-			24	-	24	-	21	-
1c **	X		14 16		N/A*	-			19	-	18	-	16	-
1d **	X		13 14		14	-			15	-	14	-	19.5	-
1e	X		16 17	24 24	27	30			21	24	18	18	25.5	26
1f **	X		16 16		14	-			24	-	14	-	17	-
1g	X		8 7	10 10	11	15			11	15	10	12	9	12
1h	X		20 16	22 22	N/A*	36			21	30	18	21	30	30
1j	X		22 22	25.5 25.5	21	30			21	25	18	18	33	33
1k	X		-						16	21	12	16	13	16.5
1L	X		10 10	14 14					21	21	24	24	30	30
2c	X		10.5 12.5	18 16	19	21			19	25	16	18	17	24.5
	AVERAGE GAINS:									4.5		1.6		2.0

*Not assessed in this area (near age appropriate)

**Transferred/Discontinued mid-year (not included in average gains)

BEST COPY AVAILABLE

1 (2 - day group) SOUTHEAST DEMONSTRATION CLASSROOM

L A P S

		SOCIAL		LANGUAGE		COGNITIVE		HELP WANTED	HELP RECEIVED
		Pre	Post	Pre	Post	Pre	Post		
1a	NM	24	-	15	-	14	-		
1b	JN	33	-	18	-	18	-		
1c	NC	33	-	15	-	19	-		
1d	MW	24	-	18	-	14	-		
1e	DT	33	33	19	21	21	21		
1f	JR	33	-	13	-	15	-		
1g	KH	7	11	8	12	9.5	12		
1h	TR	36	36	18	18	18	18		
1j	MG	33	33	15	21	18	21		
1k	RM	14	14	6	10.5	8	18		
1L	LJ	33	33	18	24	24	24		
2c	ED	24	33	15	18	15	18		
			1.8		3.6		2.7		

BEST COPY AVAILABLE

SHARPE HEALTH - REPLICATION LAPS

NAME	AMBUL	NON AMBUL	GROSS MOTOR		FINE MOTOR		SELF HELP		SOCIAL		LANGUAGE		COGNITIVE	
			PRE	POST	PRE	POST	PRE	POST	PRE	POST	PRE	POST	PRE	POST
AS		X	2	2	1	1	3	5	2	2	2	2	1	1
AA		X	2	2	5	5	5	5	18	18	8	9	8	11
CR		X	2	2	2	2	0	3	4	6	2	2	1	1
TM		X	2	2	2	2	3	3	4	5	1	4	2	4
TG		X	10	11	10	11	21	18	15	21	9	9	9	10
WD		X	3	3	2	2	3	5	9	9	6	6	2	3
JL		X	11	12	4	5	9	5	5	9	4	9	4	5
		AVERAGE GAINS		.3		.3		.0		2.7		1.3		1.1

Site Location

UNITED CEREBRAL PALSY - REPLICATION LAPS

NAME	AMBUL	NON AMBUL	GROSS MOTOR PRE	GROSS MOTOR POST	FINE MOTOR PRE	FINE MOTOR POST	SELF HELP PRE	SELF HELP POST	SOCIAL PRE	SOCIAL POST	LANGUAGE PRE	LANGUAGE POST	COGNITIVE PRE	COGNITIVE POST
JM**		X	5	–	18	–	17	–	15	–	8	–	12	–
MM		X	2	2	0	2	5	5	9	9	4	7	4	7
RM		X	N/B*	N/B(.5)	1	2	5	5	9	9	4	6	3	5
JS		X	6	7	12	12	15	18	21	21	8	10	15	15
CS		X	2	3	2	2	5	5	2	3	2	3	3	3
AW		X	3	4	3	4	5	5	11	21	9	15	7	12
PW		X	4	5	4	10	12	12	20	21	18	24	10	24
		AVERAGE GAINS		.6		1.6		.5		2.1		3.3		3.0

*N/B - Newborn

**Transferred/discontinued mid-year (not included in average gains)

Site Location

GWYNN CENTER - SECOND GENERATION

LAPS

NAME	AMBUL	NON AMBUL	GROSS MOTOR		FINE MOTOR		SELF HELP		SOCIAL		LANGUAGE		COGNITIVE	
			PRE	POST	PRE	POST	PRE	POST	PRE	POST	PRE	POST	PRE	POST
1a		X	10.0	16.0	7.0	8.0	12.0	12.0	10.0	11.0	9.0	10.0	10.0	11.0
2a		X	3.0	3.0	4.0	4.0	1.0	1.0	5.0	11.0	5.0	5.0	4.0	4.0
3a		X	6.5	6.5	7.0	7.0	7.0	7.0	6.0	6.0	6.0	8.0	6.5	7.5
4a*		X	-	N/A	-	N/A	-	N/A	-	N/A	-	N/A	-	N/A
5a		X	10.0	10.0	7.0	7.0	6.5	6.5	5.0	5.0	6.0	6.0	7.0	7.0
6a		X	11.0	11.0	5.0	5.0	10.0	10.0	5.0	5.0	6.0	6.0	5.0	5.0
7a		X	3.0	3.0	3.0	3.0	1.0	1.0	2.0	2.0	3.5	3.5	2.0	2.0
8a		X	5.0	5.0	4.0	4.0	1.0	1.0	5.0	5.0	6.0	6.0	6.0	6.0
		AVERAGE GAINS		1.0		.3		0.0		1.0		.5		.4

*Pre-Test not available due to poor attendance

Site Location

GWYNN CENTER - REPLICATION

LAPS

NAME **	AMBUL	NON AMBUL	GROSS MOTOR PRE	GROSS MOTOR POST	FINE MOTOR PRE	FINE MOTOR POST	SELF HELP PRE	SELF HELP POST	SOCIAL PRE	SOCIAL POST	LANGUAGE PRE	LANGUAGE POST	COGNITIVE PRE	COGNITIVE POST
GR	X		33		21		28		24		39		18	
JR		X	8		6		54		6		6		0	
CR		X	10		6		13		6		8		0	
KJ	X		15		13		29		18		12		27	
MW	X		27		21		33		24		36		18	
CB*		X	2		3		2		3		8		0	
PM		X	12		13		20		14		8		0	
MS	X		19		15		26		2		8		0	
DP	X		29		9		78		2		9		9	

*CB has a degenerative disease, therefore we anticipate a decline in post scores

** Teacher involved in auto accident, post scores unavailable. See p. 23 for explanation.

B. OUTREACH AND MODEL DEMONSTRATION FACT SHEETS

PROJECT UPSTART

d. lee walshe, ph.d. project director

MODEL DEMONSTRATION CLASSROOM
OPEN FOR OBSERVATION WITH APPOINTMENT
202-563-0410

GENERAL DESCRIPTION OF SERVICES

Project UPSTART provides a Neuro-Sensorimotor Program for infants and preschoolers who are profoundly through moderately mentally and/or physically handicapped. This program includes:

- Therapeutic Educational Program with an Adapted NDT/SI Approach in a Multi-Disciplinary Team Format
- Professional and Para-professional Training
- Orthopedic, Neurological, Pediatric Clinics

MODEL DEMONSTRATION CLASSROOM

LOCATION

Easter Seal Society for Disabled Children and Adults, Inc.
Southeast Center
3640 Martin Luther King Jr., Avenue, S.E.
Washington, D.C. 20032

CONTACT PERSONS

D. Lee Walshe, Ph.D., OTR, Director of Program Services (301) 589-8727
Joan Frain, Outreach Project Coordinator (202) 563-0410
Norma Evans-Barber, Southeast Center Coordinator (202) 562-7112

HOURS

Office: 8:00 a.m. - 4:00 p.m. Monday through Friday

School: 8:00 a.m. - 11:00 a.m. 3 Days per Week
(Half Day Sessions)
12:00 p.m. - 3:00 p.m.-3 Days per Week
(Half Day Sessions)

easter seal society for disabled children and adults, inc. ◆ southeast center
3640 martin luther king, jr. avenue, s.e., washington, d.c. 20032 ◆ 202 563-0410

AREA SERVED BY THE DEMONSTRATION CLASSROOM

The District of Columbia metropolitan area.

SPECIFIC DESCRIPTION OF SERVICES

Project UPSTART provides diagnostic educational prescriptive activities integrated with adapted neurodevelopmental and sensory integrative therapies. The rational for the integration of education and therapy in meeting the needs of severely/profoundly handicapped very young children rests upon the awareness of the need for improvement of neuro-sensorimotor function as a basis for progress in the child's educational program. A plan for sequencing activities has been developed and is individualized for each child. The classroom serves severely/profoundly, mild/moderately handicapped. There are 10 children in the classroom with programming for a half-day, three days a week in a.m. and p.m. Staff consists of : teacher, occupational therapist, physical therapist, speech pathologist, and teacher assistant. Staff supports the interdisciplinary team approach. Program components address all curriculum areas. A behavior program is developed, if behavioral assessment indicates that it is necessary. A toilet training program is developed with parents, utilizing techniques of behavior modification. A therapeutic feeding program is provided for children with oral-muscular dysfunction. Cognitive/language programs are developed for each child, and children are grouped appropriately for program activities. The gross and fine motor program is totally integrated into the classroom structure and consists of individual handling, positioning, pre-ambulation, control of the sensory environment through therapeutic intervention, and preceptual-motor activities.

SUPPORT SERVICES TO THE FAMILY

Parent training programs are provided in areas of : feeding, toileting, positioning and handling, personal care, hygiene, and adapted equipment. Counseling in behavior managment is offered. Parent training is directed toward enhancing parent skills in reinforcing the child's development in all curriculum areas. Additional support services consist of : parent interview, support in crisis, planning for and provision of respite care, assistance in referrals to outside agencies and future placement in another agency. Teachers and therapists visit the home and provide counseling and training. Recreation and social opportunities are provided for parents.

DEMONSTRATION SERVICES AND OUTREACH

An opportunity for members of the community to visit the model program on-site is provided. Workshops are offered to professional groups. Presentations are made off-site to interested parents, professionals, and para-professional groups. Slides and video tape presentations have been developed. Care-takers, such as babysitters, are offered assistance in acquiring skills. Semester-long training programs are offered to universities for clinical training, pre-clinical experience and practicums. High school volunteers learn parenting skills. Consortiums and associations have been established which coordinate services and develop quality programs.

PARENT AGENCY DESCRIPTION

Easter Seal Society for Disabled Children and Adults, Inc. is an Easter Seal Agency, private, non-profit, serving multi-handicapped infants, preschoolers, and adults, with provision of an education and therapy program and counseling for parents. Services are offered in Washington, D.C., Southern Maryland, Prince George's and Montgomery County, Maryland. Services offered to handicapped children, their parents and the community are as follows: educational programs, occupational therapy, physical therapy, language therapy, psychological evaluation, counseling, pediatric examinations, medical clinics, staff consultants to community agencies, training of student educators and student therapists, and opportunity for on-site visits from professional and community sources. Services offered to adults and their families are: physical, speech/language and occupational therapies, counseling, self-help groups, recreation activities, psychometrics, information and referral.

For additional information about the Easter Seal Society for Disabled Children and Adults, Inc. phone 202-232-2342.

PROJECT UPSTART

d. lee walshe, ph.d. project director

OUTREACH SERVICES

FACT SHEET
1983 - 84

GENERAL DESCRIPTION OF SERVICES

Project UPSTART's outreach services are directed toward stimulating quality services for handicapped infants, children and their families, while developing an effective outreach model. This outreach phase follows three years of model demonstration. For three years, a program was developed, the Sequenced Neuro-Sensorimotor Program (SNSP). With the assistance of outreach, nine sites are replicating the program. In addition, outreach activities this year will include: product development, training, consultation, workshop and conference presentations, and situmulating state involvement.

PROCEDURE FOR SECURING OUTREACH SERVICES

Contact: Project Director: D. Lee Walshe, Ph.D., OTR (301) 589-8727
Pfoject Coordiantor: Joan Frain (202) 563-0410

MODEL DEMONSTRATION LOCATION

Easter Seal Society for Disabled Children and Adults, Inc.
Southeast Center
3640 Martin Luther King Jr., Avenue, S.E.
Washington, D.C., 20032
Contact: Ms. Norma Evans-Barber (202)562-7112

OFFICE HOURS

8:00 a.m. - 4:00 p.m., Monday through Friday

SITE LOCATIONS

D.C. Department of Human Services
Day Care Program
Washington, D.C.
Contact: Ms. Norma Evans-Barbara
(202) 562-7112

Sharpe Health School
Public Schools of the District of Columbia
Contact: Mrs. Marian C. Siler
(202) 576-6161

F.B. Gwynn Education Center
Charles County Public Schools
Contact: Mr. Raymond Bryant
(301)934-3884

Infant Education Program
St. Mary's County Public Schools
Contact: Mr. Walter Frazier
(301) 862-2174

easter seal society for disabled children and adults, inc. ◆ southeast center
3640 martin luther king, jr. avenue, s.e., washington, d.c. 20032 ◆ 202 563-0410

United Cerebral Palsy Association of Montgomery County, Inc.
Contact: Mrs. Patricia Salapka
(301) 468-1676

PERSONS SERVED

Three hundred twenty handicapped infants, preschoolers, children, young adults, and their families have been inpacted through outreach services. Approximately 75% are severely or profoundly handicapped. The less handicapped provide us the opportunity of field testing the developed program among a different population. The staff at the replication sites have been receiving training and hands-on follow-up consultation. Many other persons have read our materials and attended local, site or national conventions where we have presented.

AREAS SERVED

Northwest and Southeast, Washington, D.C.
St. Mary's, Charles, and Montgomery Counties in Maryland

FUNDING

Through Special Education Programs, U.S. Department of Education
Grant Number G008301512
In-kind support from Easter Seal Society for Disabled Children and Adults, Inc.

SPECIFIC SERVICES

ASSISTING REPLICATING SITES

By providing workshops, pragmatic "hand-on" training, consultation, demonstrations, instructional materials, information on equipment adaptation, information resources.

PRODUCT DEVELOPMENT

Outreach funding assists Project UPSTART to further develop its sequenced Neuro-Sensorimotor Program and accompanying materials. Outreach also enables the staff to implement the program in rural, urban, and suburban areas.

TRAINING

Training reaches many persons aside from those at the replication sites: Special educators, occupational therapists, physical therapists, speech pathologists, paraprofessionals, administrators and volunteers. These persons are reached through workshops, presentations, practicums, and field work.

AWARENESS

These activities generate inquiries regarding the model program, the SNSP and materials that accompany it. They also focus attention on the need for intervention for many young children and their families. Such awareness stimulates and helps to prevent duplication of services.

PARENT AGENCY DESCRIPTION

Easter Seal Society for Disabled Children and Adults, Inc. is the Easter Seal Agency for Washington, D.C., Prince George's, Montgomery Counties, and Southern Maryland. It is a private, non-profit agency serving multi-handicapped infants, young children and adults. In addition to services in Northwest and Southeast, Washington, D.C., the society has developed programs in Montgomery Counties and three counties in Southern Maryland. Services offered to handicapped children, their families, handicapped adults and their families, and the community agencies, training of student teachers and student therapists, equipment loan, information and referral, and the opportunity for on-site visits from professional and community sources.

C. SAMPLE IEP, SAMPLE SEQUENCE AND END OF YEAR SUMMARY REPORTS

D.C. SOCIETY FOR CRIPPLED CHILDREN, INC.
3640 Martin Luther King, Jr. Avenue, S.E.
Washington, D.C. 20032

INDIVIDUALIZED EDUCATION PROGRAM

School Year: 1982-83

Name: C
D.O.B.: 5/29/80
School entry date: 9/20/82
C.A.: 28 mos.
Name of Parent(s):

Diagnosis: Cerebral Palsy; Spastic Quadriparesis with increased tone to the right side (Dr. Binder-Children's Hospital)
Visual Acuity: Far sighted; Wears glasses; tested July, 1982 at Children's Hospital - results good with glasses.
Hearing Acuity: Not formally tested (Screened at D.C.S. 4/81). Quieted to a 1000-4000 Hz sweep tone presented at 70dB to each ear.
Precautions: May be at risk for seizures. Sinus problems - taking Sudated one time per day.
Medical and Therapy History: Product of a 7 month pregnancy. Hospitalized for 2 weeks after birth on ventilator and gauage fed. Discharged at 3 mos. of age. CT scan & EEG performed at Children's Jan., 1981 results revealed seizure focus though none have been seen.
Adaptive Equipment: Adapted chairs; wedges; rails; corner seat.

Observed Learning Style: C appears to utilize all modalities to some degree in learning.

Background Information: This is C second year at the D.C. Society. She lives with both parents.

Parent Conference Date: 10/21/82

Present Level(s) of Performance: (Name of Tests, Date Administered, C.A. at time of Administration):

E-LAP - (Early Learning Accomplishment Profile) 9/82;28 mos.
GMRD - (The test for Gross Motor & Reflex Development)
REEL - (The Receptive/Expressive Emergent Language Scale).

Gross Motor:

E-LAP - C performs at a 4 month level with scattered skills to 6 months.
GMRD - 4-6 mos.

C
I.E.P.
D.O.B.: 5/29/80
Page 2

Fine Motor and Perceptual:

E-LAP - C performs at a 15 month level with one skill at 16 mos. and 18 mos. respectively. C does not handle many objects unless they are within her immediate visual range and easy to manipulate.

Self Help:

E-LAP - C performs at a 12 month level with one skill at 14 mos.

Social Emotional:

E-LAP - C performs at a 12 month level.

Language:

REEL - Administered: 10/15/82 C.A. 2 yrs. 4 mos.
Receptive - 16 mos.
Expressive - 20 months scatter to 24 mos.

C appears to be increasing functional language use. She verbally identifies many objects in her environment. She attends to vocal stimulation with appropriate eye contact. C spontaneously imitates words heard in classroom conversation. She appears to understand simple wh-questions. She is beginning to produce 2-3 word utterances spontaneously.

E-LAP - C performs at a 19 mos. level with scattered skills to 24 mos.

Cognitive:

C performs at a 14 mos. level. C shows skills scattered between 15 & 21 mos. The majority of tasks failed involved a response requiring some fine motor skills. She also names pictures when asked (30 mos.) and joins in nursery rhymes (36 mos.)

Summary:

C overall functioning level appears to be between 12 & 20 months. Areas requiring a motoric response show the greatest need for improvement.

C
I.E.P.
D.O.B.: 5/29/80
Page 3

Description of Proposed Instructional Services/Classroom and Therapy Setting:

a. Classroom: C is in a classroom with ten other children who attend school on a M-W-F schedule for 3 hours each session. An interdisciplinary team approach to intervention utilizing adapted techniques of Neurodevelopmental treatment and sensory integration is used by staff consisting of a teacher, teacher assistant, occupational therapist and speech therapist. A therapeutic breakfast is served.

b. Speech Therapy: Language stimulation will be carried out in the classroom by the classroom staff on a daily basis under the supervision of the speech therapist.

c. Mainstream/Adaptive P.E.: Children are involved in an adapted gross motor program within the class setting. An aquatic Intervention Program is offered by the D.C. Therapeutic Recreation Center. Children may participate during the fall and/or spring sessions.

Prioritized Long Term Goals:

A. C will normalize postural tone and show functional improvement of the lower extremities.
B. C will improve fine motor skills
C. C will improve cognitive skills
D. C will expand and increase functional language use.
E. C will increase vocabulary skills, receptive/expressive.

Staff: Teacher - Kay Kincaid
Teacher Assistant - Diane Walker
Speech Pathologist - Debra Trueblood
Occupational Therapist - Joan Frain

STUDENT C BIRTHDATE 5/29/80

7. EDUCATIONAL/THERAPY PROGRAM

	Results Dates Mid	Post	Method and Evaluator	Program Dates Start	End
A. C will normalize postural tone and show functional improvement of the lower extremities.			OT Obs. NDT/SI		
1. C will functionally use her neck flexors to bring her head forward while engaged in an activity in 3 out of 5 trials.		1 2 3 4 5			
a) elongate neck extensors. b) normalize tone of scopulae and upper back. c) position C supine on a wedge, presenting objects below eye level. d) Apply deep pressure to sternum during therapeutic snack.					
2. C will show active disassociation between pelvis and trunk with assistance in 3 out of 5 trials.		1 2 3 4 5	OT Obs. NDT/SI		
a) place C inside-lying over large therapy ball. While stabilizing the ribcage, move the ball from side to side to stimulate lateral movement of the pelvis. b) assist C with segmental rolling horizontally. c) after normalization, bring C up from supine by facilitating trunk disassciation.					
3. C will actively pick her legs reciprocially after facilitation in 3 out of 5 trials.		1 2 3 4 5	OT Obs. NDT/SI		
a) assist C in doing sit-ups with knees bent and feet flat on floor. b) position supine with neck elongated and pump C legs with flexion at knees and ankles. Place pressure at knees and on soles of feet. c) attempt to coax C to touch an object with her foot while lying supine.					

CONTINUATION SHEET

STUDENT C BIRTHDATE 5/29/80

7. EDUCATIONAL/THERAPY PROGRAM

	Results Dates Mid	Results Dates Post	Method and Evaluator	Program Dates Start	Program Dates End
4. C will weight bear on her feet for 5 seconds in 2 out of 5 trials while provided with under arm support.		6/83 1 2 3 4 5	[illegible]		
a) when tone is normalized bounce C gently on the flat of her feet.					
b) provide firm tapping to soles of feet to give input to hip and knee joints while C is lying supine with neck elongated					
c) use prone board for standing when she is ready for it.					
B. C will improve fine motor skills.			Teacher/Assist observation	9/82	6/83
1. C will increase the amount of time spent activity involved in an activity to 3 min. within a 5 min. period.		Yes ✓ No 6/83			
a) Encourage involvement in playing with textures while in a prone or sidelying position					
b) encourage play initiated towards toys					
C. C will improve cognitive skills.					
1. C will look for toys hidden out of her sight 3 out of 5 times, 3 trials.		+ 1 + 2 + 3 + 4 + 5	"	"	"
a) Place C in an upright position during activity.					
b) encourage tracking of object across midline and then dropped within her visual range					
c) cover toy with cloth and encourage her to find.					
2. C will show a pleasurable response to receive more during an activity 3 out of 5 times, 3 different activities.		Yes ✓ No	"	"	"
a) put bells on C shoelaces and encourage her to make music by kicking her legs					
b) gently rough house with C encouraging her to respond by moving body parts					
c) play games that encourage a positive response (ie, pat-a-cake, peek-a-boo, sing nursery rhymes, etc.)					

93

CONTINUATION SHEET

STUDENT C. BIRTHDATE 5/29/80

7. EDUCATIONAL/THERAPY PROGRAM

	Results Dates Mid	Results Dates Post	Method and Evaluator	Program Dates Start	Program Dates End
D. C will expand and increase functional language use.			Speech/Lang. Pathologist	10/82	
1. C will follow 1-step directions such as "put doll in bed" 3 out of 5 times.		1 2 3 4 5			
2. C will recognize various body parts when named 3 out of 5 times. a) pointing to self b) pointing to doll		1 2 3 4 5			
3. C will use functional words spontaneously and upon request in classroom.					
4. C will respond to a simple request such as "give me __" 4 out of 5 times.		1 2 3 4 5			
5. C will be encouraged to verbalize in 2-3 word phrases during classroom activities.		1 2 3			
E. C will increase vocabulary skills, receptive/expressive.					
1. C will select named object or picture from group of 5 items in 3 out of 5 trials.		1 2 3 4 5			
2. C will name familiar objects and pictures 4 out of 5 trials.		1 2 3 4 5			

SEQ CING

NOTE: *Carry C on side with top leg flexed all times
*Verbalize steps of activity and praise for behavior

C

INPUT	POSSIBLE POSITIONING/ EQUIPMENT	SAMPLE ACTIVITIES
Arrival	Remove her from car seat. *Carry her in side lying with top hip in flexion.	Encourage her to say "Hi", greet in moderate tone of voice.
	Position her with legs straddling yours.	Unbutton hat - have her doff hat, unbutton coat and remove (either arm first).
Bod Tone Preparation	Place prone over ball to relax body tone - 5 minutes. Turn to side with top leg flexed for 3 minutes. Repeat - 3 minutes for opposite side. Sit on ball with stabilization of hips - 4 minutes. Remove from ball on *side by holding top leg in flexion.	After 5 minutes have her reach for busy box on floor. *Reinforce attempts. Have C reach for small toy in front. Repeat for other side. *Reinforce. Slowly roll ball in circle and side to side. Place supine in blanket for swinging at moderate speed. *Verbalize "swinging".
Gross Motor	*Carry C as described above. Place side-lying. Place C prone over green scooter board. Use thin strap to secure in X wrap.	Facilitate rolling to both sides by controlling L.E.'s (see O.T./P.T.). At end of each roll, position side-lying. Encourage C to propell scooter 2 feet (any way she can) to reach bowl of ice; or whip cream in bowl, or musical toy.
(while waiting for feeding)	Place her side-lying in bean bag with wedge abducting L.E.'s	Provide reaching activities or stacking blocks, ice/sand play.
Pre-Feed	Position in sitting straddle adults leg.	Relaxation to trunk and upper body. (See P.T./O.T.).
Breakfast	Position C in arm chair using thin strap to abduct leg and secure chest. Sit to table. Feet on floor.	Adults name foods and eating utensils. Encourage word phases "eat more" and names of foods.

INPUT	POSSIBLE POSITIONING/ EQUIPMENT	SAMPLE ACTIVITIES
Breakfast (cont'd)		Grade food textures (from ground to chunky, soft to hard). Encourage self-feeding/and finger feeding. Encourage to request food. Adult says "Who's hungry", C - says "me" "more....". Praise when C eats, vocalizes, or for other appropriate responses.
Toileting	Place on pottie chair - use guard to keep legs abducted.	Finger plays such as "insy winsy spider", "pat-a-cake" or puzzles or removing pegs from peg board.
Mini-circle (Fine Motor)	Position in pony seat or - corner chair with legs in tailor sitting or long-sitting.	Grasp/release toys in designated containers with various size openings. Work on zipping/buttoning. Building skills - wood blocks, bristle blocks.
(Cognitive Language)	Position over bolster chair.	Follow directions - spoon in cup, hat on, get shoes, tissue (name objects). Directionality skills - in, out, under, over choosing named objects from group of 3-5 items. Verbal utterances of 3-5 words describing actions of an object such as "washing baby's face", "drive or push car", "open up box".
Main Circle	Sit in straight arm chair with seat belt.	Indentify self when name is called by raising hand. Encourage active singing and following directions of songs.
Depature	Sitting in circle (arm chair) - Indentify outerwear, staddle adult's leg, don coat.	Verbalize bye on way out (waving).

BEST COPY AVAILABLE

Easter Seal Society for Disabled Children and Adults
Southeast Center
3640 Martin Luther King, Jr. Ave., S.E.
Washington, D.C. 20032

End of Year Summary Report
Educational Report

Name: C
D.O.B.: 5/29/80
Current Age: 36 mos.
Parents:
Address:

Present Date: June, 1983
Period Covered: 9/82-6/83
Teacher: Kay Kincaid
Phone:

Therapies Received: Occupational, Physical and Speech
Diagnosis: Cerebral Palsy; Spastic Quadriparesis

I. Evaluation Data

	E-LAP Scores Sept. 82	June, 83
Chronological Age:	28 mos.	36 mos.
Gross Motor	4-6 mos.	7 with 1 skill at 8 mos.
Fine Motor	15 with 1 skill at 16 & 18 each	15 scattered to 30 mos.
Self-Help	12 with 1 skill at 14 mos.	17-18 mos.
Social	12 mos.	36 mos.
Language	19-24 mos.	36 mos.
Cognitive	14 with scattered to 21 mos.	24 scattered to 33 mos.

II. Background Information:

C is completing her 2nd year with the Easter Seal Society. She attended the Northwest Center last school year. She attended 63 of 76 possible classroom sessions or 82% of the school year.

C was a 1lb. 10oz. premie, hospitalized for 3 months. She received occupational therapy prior to entering the Easter Seal Society. C wears eyeglasses to correct her far sightedness.

Southeast Center
End of Year Summary Report
C
Page 2

III. Report on Educational Plan:

Gross Motor: C demonstrates significant changes in motor development. She has become a much more active child. This was a priority area for C. (See OT/PT reports).

Fine Motor: C is now more interested in operating and manipulating her environment to get a response and as a result has improved skills in this area. She needs continued input in the area of eye-hand coordination to improve stacking and manipulating skills. The goal of increasing the amount of time spent in an activity has been accomplished.

Self-Help: This has been an area of concern for C. It was found that C had poor eating and elimination habits. Attempts were made to add more fiber to her diet and encourage more consistent eating patterns. C continues to need encouragement to try new foods and eat larger quantities. C has been exposed to the potty and is ready for toilet training procedures. C can identify and will attempt to put on her outergarments.

Social: C has become very active within the classroom. She is a constant talker and is beginning to interact with the other children. She has become a laughing, talking, happy child.

Language: C shows a gain of 1[illegible] mos. on the E-LAP. C now talks in 2-3 word sentences, asks some simple questions and identifies herself by first and last name. She also understands and demonstrates prepositions such as under, in, on (top) and over. C now asks for "more" of an activity and indicates being "finished." (See speech therapy report).

Cognitive: C shows a gain of [illegible] mos. Pre-set goal required looking for toys hidden out of sight. She has accomplished this goal. Other skills include demonstrating or telling use of objects, identifying pictures and objects, she now gives her full name (30 mos.)

IV. Summary and Recommendations:

C has shown remarkable progress this year. She has changed from a passive child to an active, moving, talking child. She should continue in a small classroom utilizing an approach to neurodevelopmental treatment and sensory integration. C needs a challenging environment to encourage continued development. All therapies are needed.

Kay Kincaid, Teacher

Easter Seal Society for Disabled Children and Adults
Southeast Center
3640 Martin Luther King, Jr. Ave., S.E.
Washington, D.C. 20032

End of Year Summary Report
Speech-Language Report

Name: C
D.O.B.: 5/29/80
Current Age: 3 yrs. 1 mo.
Parents:
Address:

Present Date: 5/29/83
Therapist: D. Trueblood, Sp.-Lang. Path.

Phone:

I. Evaluation Data:

	E-LAP Scores	
	Nov., 82	June, 83
Chronological Age:	2 yrs. 6 mos.	3 yrs. 1 mo.
(REEL)- Receptive/ Expressive Language Scale	Rec. 16 mos. Exp. 20 mos.	Rec. 27 mos with gaps to 33 mos. Exp. 24 mos. with gaps to 30 mos.

II. Report on Therapy Plan:

C therapy wad developed from two long term goals. The first goal was to expand and increase functional language use. The second goal was to increase receptive/expressive vocabulary skills. Short term goals included following 1-step directions, identifying body parts, responding to simple requests and naming objects/pictures.

C achieved all short term speech-language goals planned for her IEP. She is able to follow 1-step directions 3 out of 5 trials. 2-step directions have also been accurately followed. C can identify body parts on herself or a doll in 3 our of 5 trials. She responds to simple requests such as "Give me the doll," in 4 out of 5 trials. C is able to follow more complex requests such as "Open your bag and take your pamper out." With good consistency. She identifies many objects daily and makes verbal associations about new ones.

Southeast Center
End of Year Report
Speech

Page 2

II. Report on Therapy Plan (continued):

C usually verbalizes in short phrases (1-2 words). Her speech intelligibility is excellent while vocal intensity is low. At times, she will talk in lengthy sentences that are difficult to understand. This seems to be due to rapid speech rate and low vocal intensity.

III. Summary and Recommendations:

C has made significant speech-language gains. Over a 7 month period she has made approximately 11 mos. gain in receptive skills and 4- 6 mos. gain in expressive skills. This area appears to be one of C strengths and needs to be heavily emphasized in future placement.

It is recommended that C continue to receive speech therapy on a one to one or small group basis. Functional language use should be stressed and consistent implementation of her goals is important.

Deborah Trueblood,
Speech-Language Pathologist

Easter Seal Society for Disabled Children and Adults, Inc.
Southeast Center
3640 Martin Luther King, Jr. Ave., S.E.
Washington, D.C. 20032

End of Year Report
Physical Therapy

Name: C
D.O.B.: 5/29/80
C.A.: 37 mos.
Parents:
Address:
Diagnosis: CP with Spastic Quadriparesis

Date: 6/83
Per. Cov.: 12/82-6/83
Therapist: P. Wesley, RPT

I. Evaluation Data:

	Scores	
	12/83	6/83
Chronological Age	30 mos.	37 mos.
Gross Motor Age (GMRD)	6 mos.	8 mos. (one skill emerging at 9-10 and one skill emerging 11-12 mos.)

II. Report on Therapy Plan:

C received NDT oriented physical therapy 3 times per week with emphasis on developing the following gross motor skills.

1. Decrease abnormal muscle tone especially pelvic and lower extremities
2. Arms crossing midline superimpose with trunk rotation
3. Ischial sitting with no or minimal support
4. Rolling from sidelying to prone and supine with trunk, pelvic, and head disassociation
5. Play in kneeling
6. Maintain quadropedal positioning with shoulders and hips at 90° and with hands open for 10 seconds
7. Creeping in prone.

C has made significant gains towards accomplishing these gross motor goals. During the school year C gained 2 months with the emergence of three developmental milestone:

1. Rolling supine to prone and vice-versa
2. Quadropedal weight bearing
3. Kneeling with hands free unsupported.

Currently C scores 8 mos. on GMRD with one skill emerging at 9-10 mos. which is creeping in prone (reciprocal comando crawling), and one skill emerging at 11-12 mos. kneeling unsupported.

The quality of her upper extremity movements has improved markedly with less overflow on isolated function of hands. The pelvic girdle and lower extremities has shown minimal improvement and essentially function as one unit die to its spasticity when rolling from supine to prone or when prone over large ball. C is quadropedal weight bearing with shoulders and hips at 90° but hands remain close. She can kneel with fully extended hip unsupported while freeing hands to manipulate toys or when reaching. She can move from supine to prone, prone to quadropedal, from quadropedal to kneeling without facilitation. She is creeping in prone but its atypical. C creeping is more a half crawl or comando crawling with good reciprocal movements which is a precupsor to crawling. With this new means of locomotion C has become more sociable and independent in seeking out toys and interacting with peers. Her sitting posture remains unchanged, she continues to sit on coccya with lumbothoracic convexity without passive support. Her feet reamins inverted but with less plantar flexion and heel cord thightness as previously seen in December.

III. SUMMARY:

Despite a 21 month lag in gross motor development, this past school year C has gained significant gross motor developmental milestones which may facilitate even greater gains next year.

I recommend continuation of physical therapy three times per week.

Pernell Wesley, RPT

Easter Seal Society for Disabled Children and Adults
Southeast Center
3640 Martin Luther King, Jr. Ave., S.E.
Washington, D.C. 20032

End of Year Summary Report

Occupational Therapy

Name: C	Date: June, 1983
D.O.B.: 5/29/80	Period Covered: 12/82-6/83
Current Age: 37 mos.	Therapist: Wanda R. Franklin,
Parents:	
Address:	Phone:
Diagnosis: C.P., Spastic Quadriparesis	

I. Evaluation Data:

	SCORES:	
	Oct., '82	June, '83
Chronological Age:	28 mos.	37 mos.
Denver Dev. Screening Test		
Personal-Social		20 mos. with one skill at 42 mos. and missing 3 skil
Fine Motor-Adaptive		22 mos. with one skill emer ing
Gross Motor		7 mos. with 1 skill missing.
E-LAP		
Social/Emotional	12 mos.	36 mos.
Fine Motor and Perceptual	15 mos. with 1 skill at 15,16 mos.	15 mos scattered to 30.
Self-Help	14 mos.	17-18 mos.
Gross Motor	4 mos. with scattered skills to 6 mos.	7 mos, 1 skill 8 mos.
GMRD	4-6 mos.	8 mos.

II. Report on Therapy Plan:

C has been receiving NDT oriented occupational therapy 3 times a week. An informal OT evaluation and the Denver Test was given. Results are as follows:

Denver-Personal-Social - C will perform several social and self-help skills. She will help to wipe the table and other simple tasks in the classroom.

II. Report on therapy plan (continued):

She is able to drink from a cup and use a spoon with minimal spillage. C scores approximately 15 mos. below her adjusted age level. However, much progress has been noted in this area, this school year.

Fine Motor-Adaptive- C has made improvements in her fine motor skills as her gross motor skills have also improved. She demonstrates a pincer grasp and crosses midline when reaching. She is also able to turn the pages of a book. She scored approximately 13 mos. below her adjusted age level in this area.

Gross Motor- C has made marked improvement by approximately 3-4 mos. though she still lags by 27 mos. She is combat crawling when prone using all extremities except for the RLE. She also uses a scooter board fairly well when on a tiled surface. She is beginning to push self to hand and knees but is not crawling in this position yet. She will assume the kneel-standing position with support.

O.T. Evaluation reveals the following:

Reflex development: C seems to be leaving on the midbrain level with emergent skills on the cortical level. She is increasingly able to assume more static and kinetic positioning.

Sensori-motor Screening:
Tactile Sensation - Affected; c will show increased tone with sudden, loud, or light tactile stimulation
Auditory Sensation - No major problems noted
Visual Sensation - Affected; C presents with a diagnosed visual defect. She is able to place and remove round pegs from a pegboard. She has still some difficulty with square pegs. C ears glasses and demonstrates functional vision with them.
Gustatory Sensation - Affected, C appears to be hypersensitive to textured foods, though she will occasionally eat raisins and graham crackers.
Vestibular Sensation - C is defensive to movement probably secondary to her poor mot or control. She has just begun initiating movements on the floor and from the floor to the quadruped and kneel-standing positions with support. She avoids fast rocking or spinning motion and balance activities, especially when no staff is near to secure her.

(continued):

Eye-Hand Coordination - C demonstrates a pincer grasp and could stack 2-3 cubes. She scribbles spontaneously with a crayon. She demonstrates hand to mouth coordination and will use U.E.'s to right self, wipe table, pick up raisin, etc.

Psycho-social skills - C has markedly increased in the social communication area. She indicates her wants, names pictures, speaks in phrases and identifies staff's names. She is quite aware of her environment; objects and people and will involve self in solitary play.

Self-Help - feeding -C demonstrates fair motor skills but severe sensory-emotional behaviors. She has teeth and is a ble to chew table food but is inconsistent in her diet intake. She will play in it. She has been observed to regurgitate food also if coerced to eat. She does seem to respond, however, to consistent/firm handling.

C is dependent in all other self-help skills. She is presently being trip trained.

O.T. has worked to normalize tone, provide controlled sensory input to improve sensory integrative skills and to adapt equipment for school and home usage. C parents has been very responsive/supportive in adapting equipment for home use.

III. Summary and Recommendations:

This is a 37 month old female with cerebral palsy; spastic quadraparesis. C is functioning at approximately 24 mos with her highest area being language and her lowest in gross motor (lower extremities are more involved than the uppers).

III. Summary and Recommendations (continued):

Improved family carry-over to staff recommendations at home have contributed to her marked improvements. Much of C low scores on tests can be attributed to her severe motor problems.

She is a sociable, verbal child who presents with negative behavioral changes during mealtime. Much of this may be due to sensory defensiveness.

Occupational Therapy Prioritized Goals are as follows:

Long Term Goals:

1. C will improve gross motor skills to the 12 mos. level by the end of the next school term.

2. C will improve sensory receptive skills by the end of the next school term.

3. C will improve in self-help skills by being potty-trained and able to doff U.E. dressing skills.

4. C will improve fine motor and perceptual skills.

Short Term Goals:

1. C will demonstrate improved trunk rotation when reaching for objects 3 out of 5 trials.
   A. C will lay prone over ball, turne to side-lying, and placed in sitting over therapy ball (reaching activity for U.E.'s may be used).

   B. C will be placed in a side-lying position, sitting over bolster chair or U-shaped wedge.

   C. C will be placed in kneel-standing during performance of cognitive/language skills.

2. C will improve crawling skills for 5 feet.

   A. C will be placed on scooter board to encourage use of all four extremities.

   B. C will be encouraged to crawl on all four extremities during sequenced day.

Short Term Goals (continued):

3. C will kick her legs reciprocally after facilitation in 3 out of 5 trials.

   a. Position her supine with trunk elongation and pump C legs with flexion at knees and ankles. Place pressure at knees and on soles of feet.

   b. Attempt to coax C to touch an object with her foot while lying supine.

4. C will improve sensory integrative skills.

   a. C will receive vestibular swinging in net and working up to swing seat without flexor synnergy for 3 out of 5 trials.

   b. C will receive NDT handling and positioning during class day.

   c. Parents will continue to learn techniques in handling/positioning C

   d. C will be encouraged to perform transitional movement by arranging toys.

5. C will improve dressing skills.

   a. C will doff blouse independently.

   b. C will doff hat independently.

   c. C will doff socks independently.

6. C will improve fine-motor and perceptual skills. (O.T. will consult with teacher in this area).

Wanda R. Franklin, OTR

D. BIBLIOGRAPHIES

PROJECT
UPSTART
d.lee walshe, ph.d. project director

SEVERELY/PROFOUNDLY HANDICAPPED PRESCHOOL
EDUCATIONAL RESOURCES

Compiled by:

Kay Kincaid

March, 1982

d.c. society for crippled children inc.
the kilby easter seal center
6400 laurel-bowie road bowie maryland 20715 301 262-5560

Adams, Jane L. *An Education Curriculum for the Moderately, Severely & Profoundly Mentally Handicapped Pupil*. Springfield, ILL: Charles T. Thomas, Publisher, 1975.

Allen, K. Eileen, M.Ed, et al. *Early Intervention - A Team Approach*. Baltimore, MD: University Park Press, 1978.

Alpern, Gerald, Ball & Thomas. *Education and Care of Moderately and Severely Retarded Children*. Seattle, WA: Special Child Publications, Inc., 1971.

Baldwin, Victor, et al. *Isn't It Time He Outgrew This? Or A Training Program for Parents of Retarded Children*. Springfield, ILL: Charles C. Thomas, 1973.

Baroff, George S. *Mental Retardation: Nature, Cause & Management*. Washington, D.C.: Hemisphere Publishing, 1974.

Barraga, Natalie, et al. *Aids for Teaching Basic Concepts of Sensory Development*. Louisville, KY: American Printing House for the Blind, 1973.

Bigge, June L. & Patrick A, O'Donnell. *Teaching Individuals With Physical & Multiple Disabilities*. Columbus, OH: Charles E. Merrill Publishing Co., 1976.

Biklen, Douglas. *Let Our Children Go: An Organization Manual for Advocates and Parents*. Syracuse, N.Y.: Human Policy Press, 1974.

Biklen, Douglas. *Where The Children Are*. Syracuse, N.Y.: Human Policy Press, 1974.

Bradley, William T., et al. *Daily Sensori-motor Training Activities: Handbook for Teachers and Parents of Preschool Children*. Freeport, N.Y.: Educational Activities, 1968.

Brazelton, T.B. *Infants & Mothers: Differences In Development*. New York: Sell, 1969.

Bromfenbrenner, Urie. *Vol. II: Is Early Intervention Effective? A Report on Longitudinal Evaluation of Preschool Programs*. Wash., D.C.: Dept. of Health, Education & Welfare, 1974.

Cansler, Dorothy & Gloria H. Martin. *Working With Families: A Manual for Developmental Centers*. Chapel Hill, N.C.: Chapel Hill Training Project, 1975.

Carter, Charles H. *Medical Aspects of Mental Retardation*. Springfield, ILL: Charles C. Thomas, Publ., 1978.

Carver, John N. & Nellie Carver. *The Family of the Retarded Child*. Syracuse, N.Y.: Syracuse University Press, 1972.

Collins, Michael & James M. Rudolph. *A Manual for the Assessment of a Deaf/Blind Multiply-Handicapped Child*. Northwest Regional Center, 1975.

Copeland, Keith. *Aids for the Severely Handicapped*. New York: Grune & Stratton, 1974.

Coy, Kendrick. *Multi-Sensory Educational Aids From Scrap*. Springfield, ILL. Charles C. Thomas, Publ, 1979.

Cratty, Bryant J. *Perceptual and Motor Development in Infants & Children*. N.Y.: Macmillan Publ.,1970.

Cratty, Bryant J. *Active Learning*, Englewood Cliffs, N.J.: Prentice-Hall, 1971.

Cratty, Bryant J. & James E. Breen. *Educational Games For Physically Handicapped Children*. Denver, CO: Love Publishing Co., 1972.

D'Amelio, Dan. *Severely Retarded Children: Wider Horizons*. Columbus, OH: Charles E. Merrill·Publishing Co., 1971.

Das, J.P. & David Baine. *Mental Retardation for Special Educators*. Springfield, ILL: Charles C. Thomas Publishing Co., 1978.

De Vore, M. Susan. *Individual Learning Programs for the Profoundly Retarded*. Springfield, ILL: Charles C, Thomas Publishing Co., 1978.

Des Jardins, Charlotte. *How to Organize An Effective Parent Group and Move Bureaucracies*. Chicago, ILL. Co-Ordinating Council for Handicapped Children, 1971.

Estes, William K. *Learning Theory and Mental Development*. N.Y.: Academic Press, 1970.

Featherstone, Helen. *A Difference In the Family: Life With a Disabled Child*. N.Y.: Basic Books, Inc., 1980.

Findlay, Jane. *A Planning Guide to the Preschool Curriculum: The Child, The Process The Day*. Chapel Hill, N.C.: Chapel Hill Training Outreach Project, 1974.

Fine, Marvin J. *Principles & Techniques of Intervention With Hyperactive Children*. Springfield, ILL: Charles C, Thomas Publ.Co., 1977.

Fontana, Vincent. *Somewhere A Child Is Crying*. N.Y.: Macmillan Publishing Co., 1973.

Foxx, R. & N. Arzin. *Toilet Training the Retarded*. Champaign, ILL: Research Press, 1975.

Fraiberg, Selma. *Insights From the Blind: Comparative Studies of Blind & Sighted Infants*. N.Y.: Basic Books, Inc., 1977.

Friendlander, E.Z. (ed). *Exceptional Infant*. (vol. 3) N.Y.: Brunner/Mozel, 1975.

* Gellis, Sydney. *Atlas of Mental Retardation Syndromes*. Wash., D.C., USHEW, 1968.

Geren, Katherine. *Complete Special Education Handbook*. West Nyack, N.Y.: Parker Publishing Co., Inc., 1979.

Halliday, Carol & Ina W. Kurzhals. *Stimulating Environments for Children Who Are Visually Impaired*. Springfield, ILL: Charles C. Thomas Publ. Co., 1976.

Hanson, M. *Teaching Your Down's Sydrome Infant: A Guide for Parents*. Baltimore, MD: University Park Press, 1977.

Haslem, Robert A., M.D. & Peter J. Valletutti, Ed. D. Medical Problems in the Classroom: The Teacher's Role in Diagnosis & Management. Baltimore, MD: University Park Press, 1975.

Hill, Patti. Working With Parents: A Resource Guide for Family Involvement. New Brunswick, N.J.: Center for Infancy & Early Childhood, Rutgers University, 1977.

Holly, Mark. Music Speaks to Retarded Children. Ludgock, TX: Ludgock State School, 1976.

Johnson, Vicki M. & Roberta A. Werner. A Step-by-Step Learning Guide for Retarded Infants & Children. Syracuse, N.Y.: Syracuse University Press, 1975.

Lent, James & Barbara M. McLean (eds). Design & Development of Instructional Products for the Handicapped: An Emerging Technology. Bellevue, WA: Edmark Associates, 1975.

Levy, J. The Baby Exercise Book. N.Y.: Pantheon Books, 1973.

Linde, Thomas F & Thusnelda Kapp. Training Retarded Babies & Preschoolers. Springfield, ILL: Charles C, Thomas, 1974.

Love, Harold D.& Joe E. Walthall. A Handbook of Medical Educational & Psychological Information for Teachers of Physically Handicapped Children. Springfield, ILL: Charles C. Thomas Publ. Co., 1977.

Manocha, Sohan L. Malnutrition & Retarded Human Development. Springfield, ILL: Charles C. Thomas Publ. Co., 1972.

Meier, John H., Ph.D. & Paula J. Malone, Ph.D. Facilitating Children's Development: A Systematic Guide for Open Learning. Vol. I: Infant & Toddler Learning Episodes; Vol. II: Learning Episodes for Older Preschoolers. Baltimore, MD: University Park Press, 1978.

Meisels, Samuel J., Ed.D. Special Education & Development Perspectives on Young Children with Special Needs. Baltimore, MD: University Park Press, 1979.

Morris, Richard J. Behavior Modification with Children: A Systematic Guide. Cambridge, MA: Winthrop Publ., Inc., 1976.

Murphy, Albert T. Special Children, Special Parents, Personal Issues With Handicapped Children. Englewood Cliffs, N.J.: Prentice Hall, Inc., 1981.

Nolands, Robert L. Counseling Parents of the Mentally Retarded: A Sourcebook. Springfield, ILL: Charles C. Thomas Publ. Co., 1978.

Perske, Robert, et a. Mealtimes For Severely/Profoundly Handicapped Persons. Baltimore, MD: University Park Press, 1977.

Peterson, Raymond M.& James O. Cleveland. Medical Problems in the Classroom: An Educator's Guide. Springfield, ILL: Charles C. Thomas Publ. Co., 1976.

Phillips, E.L., et al. The Teaching-Family Handbook. Lawrence, KS: University of Kansas, 1972.

Phillips, John L. The Origins of Intellect, Piaget's Theory. San Francisco, CA: W.H. Freeman & Co., 1969.

President's Committee on Mental Retardation. Mental Retardation: The Known and the Unknown. GPO, Washington, D.C., 1975.

President's Committee on Mental Retardation. Screening and Assessment of Young Children at Developmental Risk. GPO, Washington, D.C., 1973.

Queenan, John T., M.D. A New Life - Pregnancy, Birth & Your Child's First Year. N.Y.: Van Hostrand Reinhold Co., 1979

Radler, D.H. & N.C. Kephart. Success Through Play. N.Y.: Harper & Row, Publ., 1960.

Roach, Eugene & Newall C. Kephart. The Purdue Perceptual - Motor Survey. Columbus, OH: Charles E. Merrill Publ. Co.

Rutter, Michael & Eric Schopler, (ed). Autism - A Reappraisal of Concepts and Treatment. N.Y.: Plenum Press, 1978.

Safford, Philip. Teaching Young Children With Special Needs. St. Louis: Mosby Co., 1978.

Salzman, Judith P., Margaret Janey & Ianthe Thomas, Developers. No Two Alike - Helping Children With Special Needs. Newton, MA: Educational Development Center, Inc., 1974.

Schwede, Olga. An Early Childhood Activity Program for Handicapped Children. Glen Ridge, N.J.: Exceptional Press, 1977.

Skinner, Louise. Motor Development in the Preschool Years. Springfield, ILL: Charles C. Thomas Publ. Co., 1979.

Smith, Judith M. & Donald E. Smith. Child Management: A Program for Parents & Teachers. Bellevue, WA: Edmark Associates, 1976.

Sternlicht, Manny, Ph.D. & Abraham Hurwitz. Games Children Play. N.Y.: Van Nostrand Reinhold Co., 1981.

Striefel, Sebastian. Teaching a Child to Imitate. Parsons, KS: H & H Enterprises, 1974.

Swinyard, Chester A. Decision Making and the Defective Newborn. Springfield, ILL: Charles C. Thomas Publ. Co., 1978.

Tawny, James W., et al. Programmed Environments Curriculum. Columbus, OH: Charles E. Merrill Publ. Co., 1979.

Tjossem, Theodore D., Ph.D. Intervention Strategies for High Risk Infants & Young Children. Baltimore, MD: University Park Press, 1976.

Umbreit, John & Peter Cardullias (ed). Educating the Severely Physically Handicapped. Columbus, OH: Special Press, the Division on Physically Handicapped, The Council for Exceptional Children.

Uzgiris, Ina C. & J. Hunt. Assessment in Infancy Ordinal Scales of Phychological Development. Chicago, ILL: University of Illinois Press, 1975.

Vanderheiden, Gregg C. & Kate Grilley (ed). Non-Vocal Communication Techniques & Aids for the Severely Physically Handicapped. Baltimore, MD: University Park Press.

Wehman, Paul. Helping the Mentally Retarded Acquire Play Skills: A Behavioral Approach. Springfield, ILL: Charles C. Thomas Publ. Co., 1977.

Wood, Mary M. Developmental Therapy: A Textbook for Teachers as Therapists for Emotionally Disturbed Young Children. Baltimore, MD: University Park Press, 1976.

York, Robert & Eugene Edgar (ed). Teaching the Severely Handicapped Vol. I, II, III, IV. The Association for the Severely Handicapped.
Vol. I & II - N.Y.: Greene & Stratton Publ. Co.
Vol. III & IV - Columbus, OH: Special Press.

* Gallender, Carolyn, Carolyn Newton & Demos Gallender. Dietary Problems & Diets for the Handicapped. Springfield, ILL: Charles C. Thomas Publ., 1979.

PROJECT
UPSTART

d. lee walshe, ph.d. project director

SPEECH AND LANGUAGE BIBLIOGRAPHY

Susan M. Abrams, M.A., C.C.C.-Sp.

Adamsen, L, et al. "Social Interaction Between a Sighted Infant and Her Blind Parents". Journal of the American Academy of Child Psychiatry. 1977. vol. 16. pp 194-207.

Ainsworth, M.D. & S.M. Bell. "Some Contemporary Patterns of Mother-Infant Interaction in the Feeding Situation". A. Ambrose (Ed.) Stimulation in Early Infancy. NY, Academic Press. 1979. pp 133-170.

Anderson, R. "Hearing Impairment and Mental Retardation: A Selected Bibliography". Volta Review. 1965. vol. 67, no. 6. pp 424-432.

Andran, G.M. & F.N. Kemp. "Some Important Factors in the Assessment of Oropharyngeal Function". Developmental Medicine & Child Neurology. 1970. vol. 12, pp 158-166.

Archer, Lynda. "Blissymbolics - A Non-verbal Communication System". JSHB. 1977. vol. 42, pp 568-579.

Ayres, A.J. "Sensory Integration and Learning Disorders". Western Psychological Services. Los Angeles, CA. 1972.

Bates, E., L. Camaioni & V. Bolterra. "The Acquisition of Performatives Prior to Speech". Merrill Palmer Quarterly. 1975. vol. 21, no. 3, pp 205-224.

Bellugi, U. & S. Fischer. "A Comparison of Sign Language and Spoken Language". Cognition. 1973, vol. pp. 187-200.

Bliss, C.K. Semantography. Sydney, Australia. Semantography Publication. 1965.

Bosma, J., H.M. Truby, & J. Lind. "Distortions of Upper Respiratory and Swallow Motions in Infants Having Anomalies of the Upper Pharynx". Acta Paed Scan Supp.1966. vol.163.

Bousberg, G.J. Teaching the Mentally Retarded. Atlanta, GA: Southern Regional Education Board. 1965.

Bricker, D. "Imitative Sign Training as a Facilitator of Word Association with Low Functioning Children". American Journal of Mental Deficiency. 1972. vol. 76 pp 509-516.

Bullock, M., G.F. Dalrymple & J.M. Danca. "The Auto-Com at Kennedy Memorial Hospital: Rapid and Accurate Communication by a Non-verbal Multi-handicapped Student". Proceedings of the Conference on Engineering Devices in Rehabilitation. May 2-3, 1974.

Burkhart, L. Homemade Battery Powered Toys and Educational Devices for Severely Handicapped Children.

Bzoch, J. & R. League. Assessing Language Skills in Infancy. Baltimore, MD: University Park Press, 1971.

Campbell, D. "Sucking as an Index of Mother-Infant Child Interaction". J.F. Bosma, (Ed.) Fourth Symposium on Oral Sensation Perception. Bethesda, MD: NIH. 1973. pp 152-173.

Cantrell, D., K. Stremel-Campbell, & J. Halle. "Manual Signing as a Language System and as a Speech Initiator for the Non-verbal Severely Handicapped Student". E.Sontag, J. Smith & N. Certo, (Eds.) Educational Programming for the Severely and Profoundly Handicapped. Reston, VA: Division on Mental Retardation, CEC. 1977. pp 335-347.

Carrier, J.K. "Application of a Non-Speech Language Sustem with the Severely Language Handicapped". Lloyd, L. (Ed.) Communication Assessment and Intervention Strategies. Baltimore, MD: University Park Press. 1976. pp 523-547.

Christian, W., S. Hollomon & C. Lanier. "An Attendent Operated Feeding Program for Severely and Profoundly Retarded Females". Mental Retardation. 1973. vol. 11, no. 5, pp 35-37.

Clark, C., C. Davis, & R. Woodcock. Standard Rebus Glossary c. Circle Pines, MINN. American Guidance Service. 1974.

Clark, C., C. Davis, & R. Woodcock. "Graphic Systems of Communication" L. Lloyd,(Ed.) Communication Assessment and Intervention Strategies. Baltimore, MD: University Park Press. 1976. pp 551-605.

Coleman, C., A. Cook, L. Meyers. "Assessing Non-Oral Clients for Assistive Devices". JSHD. 1980. pp 515-525.

Collins, N., et al. Teach Your Child To Talk. NY: (CEBCO) Standard Publishing. 1975.

Condon, W.S. & L.W. Sander. "Neonate Movement Is Synchronized With Adult Speech: Interactional Participation and Language Acquisition". Science. 1974. vol. 183. pp 99-101.

Connor, Frances D., et al. Program Guide for Infants and Toddlers with Neuro-motor and Other Developmental Disabilities. NY: Teacher's College, Columbia University Press. 1978.

Copeland, K. *Aids for the Severely Handicapped*. NY: Grune & Stratton. 1974.

Coyne, P., L. Whiting, & R, Peterson. "The Development of Spoon-Feeding Behaviors in a Blind Child". *International Journal for the Education of the Blind*. 1968. pp 108-112.

Davis, Charlene B. "Team Sharing: NDT in the Classroom". *NDT Newsletter*. Winter, 1980.

Davis, G.A. "Linguistics and Language Therapy: The Sentence Construction Board". *Journal of Speech and Hearing Disorders*. May, 1973. vol. 38, pp 205-214.

Dixon, C. & B. Curry. "Some Thoughts on the Communication Board". *JSHD*. 1973. vol. 38, pp 73-88. (Also in *Cerebral Palsy Journal*. 1965. vol. 26, pp 12-13.)

Finnie, N.R. *Handling the Young Cerebral Palsied Child at Home*. NY: E.E. Dutton & Co. 1970.

Fletcher, S. "Processes and Maturation of Mastication and Deglution". *Speech and the Dentofacial Complex: The State of the Art*. *ASHA Reports #5.* 1970. pp 92-105.

Fraiberg, Selma H. *The Magic Years*. NY: Scribners. 1959.

Fraiberg, S. "Blind Infants and Their Mothers: An Examination of the Sign System." M. Lewis & L. Rosenblum (Ed.) *The Effect of the Infant on Its Caregiver*. NY: John Wiley & Sons. 1974. pp 215-232.

Fulwiler, R.L. & R.S. Fouts. "Acquisition of American Sign Language by a Non-Communicating Autistic Child". *Journal of Autism and Childhood Schizophrenia*. 1976. vol. 6, pp 43-51.

Gibson, J.J. "The Mouth as an Organ for Laying Hold on the Environment". Bosma, J.F. (Ed.). *In Oral Sensation and Perception*. Springfield, ILL: Charles C. Thomas. 1967. vol. 36.

Golbin, Arlene (Ed.) *Cerebral Palsy and Communication, What Parents Can Do*. Washington, D.C.: George Washington University Press. 1977.

Goldberg, H. & J. Fenton (Eds.) *Aphonic Communication for Those with Cerebral Palsy-Guide for the Development and Use of a Conversation Board*. NY: United Cerebral Palsy Associations of New York State, 200 West 42nd Street. Undated.

Gray, Burl and Bruce Ryan. *A Language Program for the Nonlanguage Child*. Champaign, ILL: Research Press.

Gwynne-Evans, E. "Organization of the Oro-Facial Muscles in Relation to Breathing and Feeding". *Br. Dental J* 1951. vol. 91, pp 135-142.

Hehner, B. *Blissymbols for Use*. Blissymbols Communication Institute Publishers. (Order from EBSCO Curriculum Materials, Division of EBSCO Industries, 1203 First Ave., North Box 1943, Birmingham, Alabama 35201.)

Holt, C., D. Buelow & G. Vanderheiden. *Interface Switch Profile: An Annotated List of Commercial Switches*. Madison, WIS: Trace Research & Development Center. 1976.

Hopper, C, & R. Helmick. "Nonverbal Communication for the Severely Handicapped: Some Considerations". *AAESPH Review*. 1977. vol. 2, pp 47-52.

Humphrey, T. "Reflex Activity in the Oral and Facial Area of the Human Fetus". Bosma, J. (Ed.) *Second Symposium on Oral Sensation and Perception*. Springfield, ILL: Charles C. Thomas. 1970. pp 195-233.

Illingworth, R.S. "Sucking and Swallowing Difficulties in Infancy: Diagnostic Problems of Dysphagia". *Arc of Dis in Child*. 1969. vol. 44, no. 238.

Ingram, Thomas TS. "Clinical Significance of the Infantile Feeding Reflexes". *Dev Med and Child Neur*. 1962. vol. 4, pp 159-233.

Kahn, J.V. "Relationship of Piaget's Sensorimotor Period to Language Acquisition of Profoundly Retarded Children". *American Journal of Mental Deficiency*. 1975. vol. 79, pp 640-643.

Karlan, G.R., et al. "Establishing Generalized Productive Verb-Noun Phrase Usage in a Manual Language System with Moderately Handicapped Children". *JSHD*.1982. vol. 47, pp 31-42.

Kawamura, Y. "A Role of Oral Afferents for Mandibular and Lingual Movements". Bosma, J. (Ed.) *Second Symposium on Oral Sensation and Perception*. Springfield, ILL: Charles C. Thomas. 1970. pp 170-94.

Kaye, K. and T.B. Brazelton. *Mother-Infant Interaction in the Organization of Sucking*. Proceedings of Meeting of the Society for Research and in Child Development. 1971.

Keir, B. "Communication Problems of the Mentally Retarded Deaf Child". Van Pelt, J.D. (Ed.) *Proceedings of the 4th Interstate Conf. on Ment. Def*. Melbourne, Australia: Austrailian Group for Scientific Study of Mental Deficiency. 1965. pp 43-50.

Kent, R. and R, Netsell. *Articulatory Abnormalities in Athetoid Cerebral Palsy*. Madison, WIS: Waisman Center on M.R. and Human Development, 1500 Highland Avenue, University of Wisconsin.

Kogan, K.L. and N. Tyler. "Mother-Child Interaction in Young Physically Handicapped Children". *American Journal of Mental Deficiency*. 1973. vol. 77, no. 5, pp 492-497.

Kohl, F.L. "The Effects of Motoric Requirements on the Acquisition of Manual Sign Responses by Severely Handicapped Students". *American Journal of Mental Deficiency*. 1981. vol. 85, pp 396-403.

Langlois, A. & R.J. Baken. "Development of Respiratory Time Factors in Infant Cry". *Developmental Med. Child Neurology*. 1976. vol. 18, pp 732-737.

Lansky, Vicki. *Feed Me, I'm Yours*. Wayzata, MINN: Meadowbrook Press. 1980.

Larson, T. "Communication for the Nonverbal Child". Academic Therapy. vol. 19716, no. 3, pp 3050-3120.

Levenstein, P. "Cognitive Growth in Pre-schoolers Through Verbal Interaction with Mothers". American Journal of Orthopsychiatry. 1970. vol. 40, pp 426-432.

Lloyd, Lyle L. (Ed.) Communication Assessment and Intervention Strategies: With Special Reference to Hearing Impairment, Mental Retardation, and Other Developmental Disabilities. Baltimore, MD: University Park Press. 1976.

Logan, W.J. & J.F. Bosma. "Oral and Pharyngeal Dysphagia in Infancy". Ped Cli of No Am. 1967. vol. 14, pp 47-61.

Magrum, et al. "Effects of Vestibular Stimulation on Spontaneous Use of Verbal Language in Developmentally Delayed Children". AJOT. Feb. 1981. pp 101-104.

McDonald, et al. "The Early Language Intervention Training Program". JSHD. 1974. vol. 39, pp 395-400.

McDonald E. & A.R. Schulta. "Communication Boards for Cerebral Palsied Children". J of Spe and Hear Dis. 1973. vol. 38, no. 1, pp 72-87.

McLean, J., D.E. Yoder & R. Schiefelbusch. Language Intervention with the Retarded: Developing Strategies. Baltimore, MD: University Park Press. 1972.

McLean, L. & J. McLean. "A Language Training Program for Nonverbal Autistic Children". JSHR. 1974. vol. 35, pp 186-193.

McNaughton, S., B. Kates & H. Silverman. Handbook of Blissymbolics for Instructors, Users, Parents and Administrators. Blissymbolics Communications Institute, Ontario, East Toronto, Canada. 1978.

Menyuk, P. "The Role of Distinctive Features in Children's Acquisition of Phonology". Journal of Speech and Hearing Research. 1968. vol. 11, pp 138-146.

Menyuk, P. The Acquisition and Development of Language. Englewood Cliffs, NY: Prentice-Hall, Inc. 1971.

Miller, A. & E. Miller. "Cognitive-Developmental Training with Elevated Boards and Sign Language". Journal of Autism and Childhood Schizophrenia. 1973. vol. 3, pp 65-85.

Mitra, S.B. "Language Training for Retarded Deaf Children in State Institutions". Training School Bulletin. 1974. vol. 71, pp 41-48.

Moore, M.V. "Binary Communication for Severely Handicapped". Arch. Phys. Med. Rehab. 1972. vol. 53, pp 532-533.

Morris, S.E. Program Guidelines for Children with Feeding Problems. Edison, NJ: Childcraft Educational Corp. 1977. vol. 48.

Morris, S.E. "Body Language at Mealtimes". Perske, R., et al (Eds.) *Mealtimes for Severely and Profoundly Handicapped Persons: New Concepts and Attitudes.* Baltimore, MD: University Park Press. 1977. pp 51-56.

Myers, J. & A. Deibert. "Reduction of Self-Abusive Behavior in a Blind Child by Using a Feeding Response". *Journal of Behavior Therapy and Experimental Psychiatry.* 1971. vol. 2, pp 141-144.

Northern, J. & M.P. Downes. *Hearing in Children.* Baltimore, MD: Williams & Wilkins. 1974.

Oller, D.K. "Infant Vocalization and the Development of Speech". *Allied Health & Behavioral Sciences*. vol. 1, no. 4, pp 523-549.

Oller, D.K. "The Emergence of the Linguistic Sound System in Down's Syndrome Infants". Washington, D.C.: A.S.H.A. 1975.

Peiper, Albrecht. "The Neurology of Respiration". Peiper, A. *Cerebral Function in Infancy & Childhood*. NY: Consultants Bureau. pp 310-395.

Peiper, A. "The Neurology of Food Intake". *Cerebral Function in Infancy & Childhood.* NY: Consultants Bureau. 1963. pp 252-260.

Perlmutter, Shirley (Ed.) "The Sensori-Motor Development of Speech in the Cerebral Palsied Child". *Neuroanatomy and Neurophysiology Underlying Current Treatment Techniques for Sensorimotor Dysfunction*. Chicago, ILL: University of Illinois Center for Handicapped Children. 1971. pp 48-56.

Perske, R., et al. *Mealtimes for Severely and Profoundly Handicapped Persons: New Concepts and Attitudes*. Baltimore, MD: University Park Press. 1977.

Proceedings of John Hopkins First National Search for Application of Personal Computers to Aid the Handicapped. Los Angeles, CA: Computer Service Press. October 31, 1981.

Rahimi, M.A. & J.B. Eylenberg. "A Computing Environment for the Blind". *AFIPS Conference Proceedings of the 1974 National Computer Conference*. 1974. vol. 43.

Reilly, Abigail Peterson. *The Communication Game Perspectives on the Development of Speech, Language, and Non-Verbal Communication Skills*. Johnson & Johnson Company - Pediatric.

Reuter, D.B. "Speech Synthesis under APL". *Proceedings of the Sixth International APL Users Conference.* May, 1974. vol. 14, no. 17, pp 585-596.

Richardson, T. "Sign Language for the SMR and PMR". *Mental Retardation.* 1975. vol. 13, no. 3, pp 17.

Ringel, R.L. "Oral Sensation and Perception: A Selective Review". *Speech and the Dentofacial Complex: The State of the Art*. *ASHA Reports*. 1970. vol. 5, pp 188-206.

Rodgin, M. & L. Kurdex. "Vocal and Gestural Imitation in 8-14 and 20 Month Olds". Journal of Genetic Psychology. 1977. vol. B1, pp. 115-123.

Rohime, Morteza Amir and John B. Eulenberg. "A Computer Terminal With Synthetic Speech Output". Behavior Research Methods and Instrumentation. 1974. vol. 6, no. 2, pp 255-258.

Rynders, J., N. Buium, J. Turnire. "The Early Maternal Linguistic Environment of Normal and Down's Syndrome Language Learning Children". American Journal of Mental Deficiency. 1974. vol. 79, no 1, pp 52-58.

Sayre, Joan M. "Communication for the Non-Verbal Cerebral Palsied". Cerebral Palsy Review. vol. 24, pp 3-8.

Seitz, S, & R, Hoekenga. "Modeling as a Training Tool for Retarded Children and Their Parents". Mental Retardation. vol. 12, pp 28-31.

Sellin, D. "The Mentally Retarded Hearing Handicapped Learner: Implications for Teacher Education". Volta Review. May, 1964. vol. 66, pp 258-261.

Shane, Howard, et al. "Aids for Nonspeakers". ASHA. August, 1981. vol. 23, no. 8.

Shane, H. & A. Bashir. "Augmentative Communication System". JSHD. 1980. vol. 409.

Skelly, M., et al. "American Indian Sign (Amerind) as a Facilitator of Verbalization in the Oral Apraxic". JSHD. 1974. vol. 39, pp 445-456.

Skelly, M. Amer-Ind Gestural Code Based on Universal American Indian Hand Talk. NY: Elsevier. 1979.

Smith, M.A. Feeding the Handicapped Child. Memphis, TENN: The University of Tennessee Child Development Center.

Soede, M., H.G. Stassen. "A Light Spot Operated Typewriter for Severely Disabled Patients". Medical and Biological Engineering. 1973. pp 641-644.

Sontag, Smith & Certo (Eds.) "Educational Programming for the Severely and Profoundly Handicapped". Special Publication of the Division on Mental Retardation, Council for Exceptional Children. 1977.

Stark, R.E., S.N. Rose & M. McLagen. "Features of Infant Sounds: The First Eight Weeks of Life". Journal of Child Language. 1975. vol. 2, pp 205-221.

Topper, Sue T. Gesture Language for the Severely and Profoundly Mentally Retarded. Denton, TX: Denton State School. C. 1974.

Vanderheiden, G., K. Grilley. Non-Vocal Communication Techniques and Aids for the Severely Physically Handicapped. Baltimore, MD: University Park Press. 1976.

Vanderheiden, G.C., C.D. Geisler, A. Volk. "The Auto-Monitoring Technique and Its Application in the Auto-Monitoring Communication Board: A New Communication Device for the Severely Handicapped". Proceedings of the 1973 Carnahan Conference on Electronic Prosthesis. Lexington, KY. 1973. pp 47-51.

Watson, M. & J. Nicholas. A Practical Guide to the Training of Low-Functioning Deaf-Blind Children. Hartford, CONN: Institute for the Blind. 1973.

Wendt, E. "Habilitation: A Team Approach to Communication". Teaching Exceptional Children. 1975.

Westlake, Harold & David Rutherford. Speech Therapy for the Cerebral Palsied. Chicago, ILL: National Society for Crippled Children & Adults.

Wilder, C.N., R. J. Baken. "Neonatal and Infantile Respiratory Patterns in the Human: A Preliminary Investigation". Paper delivered at the Annual Convention ASHA, Chicago, ILL.

Wilbur, R.B. "The Linguistics of Manual Languages and Manual Systems". L.L. Lloyd, (Ed.) Communication, Assessment and Intervention Strategies. Baltimore, MD: University Park Press. 1976.

Young, Edna H. Moto-Kinesthetic Speech Training. Palo Alto: Stanford University Press.

Zawolkew, E., et al. Signing Exact English Modern Rights Press. Los Alamitos, CA. 1980.

PROJECT
UPSTART

d.lee walshe, ph.d. project director

BIBLIOGRAPHY

Compiled by Joan Frain, O.T.R.

Abercrombie, M. L. J. Eye movements, perdeption and learning. In V.H. Smith (Ed.), Visual Disorders and Cerebral Palsy, Little Club Clinics in Developmental Medicine, No. 9 London: William Heinemann Medical Books, 1963.

Abercrombie, M. L. J. Some notes on spatial disability: movement, intelligence quotient and attentiveness. Developmental Medicine and Child Neurology, 1968, 10, 206-213.

Abercrombie, M. L. J. Eye movements and perceptual development. In P. Gardiner; R. MacKeith; and V. Smith (Eds.), Aspects of Developmental and Paediatric Opthalmology. Clinics in Developmental Medicine No. 32. London: William Heinmann Medical Books 1969.

Abercrombie, M. L. J.; Gardiner, P. A.; Hansen, E.; Jonckheere, J.; Lindon, R. L.; Solomon, G.; and Tyson, M. C. Visual, perceptual, and visuomotor impairment in physically handicapped children. Perceptual and Motor Skills, 1964, 18, 561-625.

Ades, Harlow. Central auditory mechansims. In J. Field; H. W. Magoun; and V. E. Hall (Eds.), Handbook of Physiology, Section 1: Neurophysiology, Vol. I. Washington, D.C.: American Physiological Society, 1959.

Akelaitis, Andrew J. A study of gnosis, praxis and language following section of the corpus callosum and anterior commissure. Journal of Neurosurgery, 1944 1, 94-102.

Akelaitis, Andrew J. Studies on the corpus callosum: VII. Study of language functions (tactile and visual lexia and graphia) unilaterally following section of the corpus callosum. Journal of Neuropathology and Experimental Neurology, 1943, 2, 226-262.

Ammon, Jeanne; Etzel, Mary; "Sensorimotor Organization in Reach and Prehension", Journal of Physical Therapy, Vol 57, No. 1, January, 1977, 7-14.

dc society for crippled children

2800 13th street nw washington dc 20009 • 202 232-2342

BEST COPY AVAILABLE

BEST COPY AVAILABLE

Ayres, A. Jean. Occupational therapy directed toward neuromuscular integration. In H.S. Williard and C.S. Spackman (Eds.), Occupational Therapy, 3rd. ed. rev. Philadelphia: J.B. Lippincott Co., 1963.

Ayres, A. Jean. Tactile functions: their relation to hyperactive and perceptual motor behavior. American Journal of Occupational Therapy, 1964, 18, 6-11.

Ayres, A. Jean. Patterns of perceptual-motor dysfunction in children: a factor analytic study. Perceptual and Motor Skills, 1965, 20, 335-368.

Ayres, A.J. Interrelations among perceptual-motor abilities in a group of normal children. American Journal of Occupational Therapy, 1966 , 20, 288-292.

Ayres, A. Jean. Interrelationships among perceptual-motor functions in children. American Journal of Occupational Therapy, 1966 , 20, 68-71.

Ayres, A. Jean. Deficits in sensory integration in educationally handicapped children. Journal of Learning Disabilities, 1969 , 2, 160-168.

Ayres, A. Jean. Relation between Gesell developmental quotients and later perceptual-motor performance. American Journal of Occupational Therapy, 1969 , 23, 11-17.

Ayres, A. Jean. Characteristics of types of sensory integrative dysfunction. American Journal of Occupational Therapy, 1971, 25, 329-334.

Ayres, A. Jean. Improving academic scores through sensory integration. Journal of Learning Disabilities, 1972 , 5, 338-343.

Ayres, A. Jean. Southern California Sensory Integration Tests. Los Angeles: Western Psychological Services, 1972..

Ayres, A.J. Learning Disabilities and the Vestibular System, Journal of Learning Disabilities, Vol. 11, No. 1, January 1978.

Ayres, A.J. The Development of Sensory Integrative Theory and Practice: A Collection of the Works of A. Jean Ayres, Dubuque, Iowa, Kendall/Hunt, 1974.

Ayres, A.J. The Effect of Sensory Integrative Therapy on Learning Disabled Children, (Booklet), University of Southern California, November 1976.

Ayres, A.J. Cluster Analysis of Measures of Sensory Integration, American Journal of Occupational Therapy, Vol. 31, No. 6, July 1977, 362-366.

Ayres, A.J. Dichotic Listening Performance in Learning Disabled Children, American Journal of Occupational Therapy, August, 19771 Vol. 31, No. 7, 441-446.

Ayres, A.J. Effect of Sensory Integration Therapy on the Coordination of Children with Carecathetoid Movements, American Journal of Occupational Therapy, Vol. 31, No. 5, 291-293, 1977.

Ayres, A. Jean. Types of sensory integrative dysfunction among disabled learners. *American Journal of Occupational Therapy*, 1972 , 26, 13-18.

Ayres, A. Jean; and Heskett Wm. M.A. *Therapeutic Activity for Perceptual Motor Dysfunction*, 1970a. Film available from Film Distribution, Department of Cinema, University of Southern California, Los Angeles,

Ayres, A. Jean; and Heskett, Wm. M. *Clinical Observations of Disorders in Postural and Bilateral Integration*, 1970b. Film available from Film Distribution, Department of Cinema, University of Southern California, Los Angeles.

Ayres, A. Jean; and Reid, W. The self-drawing as an expression of perceptual-motor dysfunction. Cortex, 1966, 2, 254-265.

Ayres, A.J. *Southern California Sensory Integration Tests Manual*, Los Angeles: Western Psychological Services, 1972.

Ayres, A. Jean. *Sensory Integration and Learning Disorders*, Los Angeles: Western Psychological Services, 1973.

Banus, Barbara Sharpe, *The Developmental Therapist*, Thorofare, New Jersey, Charles B. Slack, Inc., 197[illegible].

Barlow, H.B. Possible principles underlying the transformations of sensory messages. In W.A. Rosenblith (Ed.), *Sensory Communication*, New York: John Wiley & Sons, 1961.

Barsch, Ray, *Achieving Perceptual-Motor Efficiency*, Special Child Publications, Seattle, Washington, 1967.

Bauer, Barbetta, Tactile Sensitive Behavior in Hyperactive and Non-hyperactive Children, *American Journal of Occupational Therapy*, August, 1977, Vol. 31, No. 7, 447-453.

Bauer, Barbetta, Tactile Sensitivity: Development of a Behavioral Responses Checklist, *American Journal of Occupational Therapy*, July, 1977, Vol. 31, No. 6, 357-361.

Bennett, Edward L.; Diamond, Marian C.; Krech, David; and Rosenzweig, Mark R. Chemical and anatomical plasticity of brain. *Science*, 1964, 146, 610-619.

Bergen, Adrienne. *Selected Equipment for Pediatric Rehabilitation*, Blythdale Children's Hospital, Valhalla, New York, 1974.

Beroman, P. and Escalona, S. Unusual Sensitivities in Very Young Children. *Psychoanalytical Study Child*, 3-4: 333-352, 1949.

Birch, Herbert; and Lefford, Arthur. Visual differentation, intersensory integration, and voluntary motor control. Monographs of the Society for Research in Child Development, 1967, 32, No. 2, Serial No. 110.

Black, Perry; and Meyers, Ronald E. A neurological investigation of eye-hand control in the chimpanzee. In E.G. Ettlinger (Ed.), Ciba Foundation Study Group No. 20. Functions of the Corpus Callosum. London: J. & A. Churchill Ltd., 1965.

Blitz, Bernard; Dinnerstein, Albert J., and Lowenthal, Milton. Attenuation of experimental pain by tactile stimulation; effect of vibration at different levels of noxious stimulus intensity. Perceptual and Motor Skills, 1964, 19, 311-316.

Brazier, Mary A.B.; Killam, Keith F.; and Hance, A. James. The reactivity of the nervous system in the light of the past history of the organism. In W.A. Rosenblith (Ed.), Sensory Communication. New York: John Wiley & Sons, 1961.

Brenner, May W.; and Gillman, Selma. Visuomotor ability in school children -- a survey. Developmental Medicine and Child Neurology, 1966, 8, 686-703.

Bridgman, Charles S.; and Smith, Karl U. Bilateral neural integration in visual perception after section of the corpus callosum. Journal of Comparative Neurology, 1945, 83, 57-68.

Bobath, Berta, F.C.S.P.: "Motor Development, its Effect on General Development, and Application to the Treatment of Cerebral Palsy". Reprinted from Physiotherapy, November, 1971.

Bobath, Berta, F.C.S.P.: "A Neuro-developmental Treatment of Cerebral Palsy", Reprinted from Physiotherapy, August, 1963.

Bobath, Berta, F.C.S.P.: "The Very Early Treatment of Cerebral Palsy", Reprinted from Developmental Medicine and Child Neurology, August, 1967, Vol. 9, No. 4, pp. 373-390.

Bobath, Berta, F.S.C.P.: "Treatment Principles and Planning in Cerebral Palsy", Reprinted from Physiotherapy, April, 1963.

Bobath, Karel, M.D., D.P.M.: "The Neuropathology of Cerebral Palsy and its Importance in Treatment and Diagnosis", Reprinted from Cerebral Palsy Bulletin, 1959, Vol. 1, No. 8. pp. 13-33.

Bobath, Karel, M.D., D.P.M.: "The Normal Postural Reflex Mechanism and its Deviation in Children with Cerebral Palsy", Reprinted from Physiotherapy, November, 1971.

Bobath, Karel, M.D., D.P.M.; and Bobath, Berta, F.C.S.P.: "The Facilitation of Normal Postural Reactions and Movements in the Treatment of Cerebral Palsy", Reprinted from Physiotherapy, August, 1964.

Bobath, Berta, F.S.C.P., S.A.A.O.T. (Hon) "The Treatment of Neuromuscular Disorders by Improving Patterns of Coordination" reprinted from *Physiotherapy*, Jan., 1969.

Bobath, Berta, F.S.C.P.; and Bobath, Karel, M.D.: "The Neuro-Developmental Treatment of Cerebral Palsy", Reprinted from the *Journal of the American Physical Therapy Association*, November, 1967, Vol. 47, No. 11.

Bobath, Berta, F.C.S.P.; and Bobath, Karel, M.D.: "Tonic Neck Reflexes and Righting Reflexes in Diagnosis and Assessment of Cerebral Palsy", *Cerebral Palsy Review*, 1955, XVI, pp. 36-40.

Bobath, Karel: "The Motor Deficit in Patients with Cerebral Palsy", Clinics in Developmental Medicine No. 23. London: William Heinemann Medical Books, Ltd., 1966.

Bobath, Karel, and Bobath, Berta; Control of motor function in the treatment of cerebral palsy. *Physiotherapy*, (England), October, 1957.

Bobath, Berta; *Adult Hemiplegia: Evaluation and Treatment*, London: William Heinemann Medical Books, Ltd., 1970.

Bobath, Berta; *Abnormal Postural Reflex Activity Caused by Brain Lesions*, London: William Heinemann Medical Books, Ltd., 1965.

Bobath, Karel, and Bobath, Berta: "Is Treatment Really Necessary?" *Cerebral Palsy Bulletin*, Vol. 3, No. 6, Dec., 1961, pp. 613-615.

Bogen, Joseph E. "The other side of the brain I: dysgraphia and dyscopia following cerebral commissurotomy". *Bulletin of the Los Angeles Neurological Societies*, 1969a, 34, 73-105.

Bogen, Joseph E. "The other side of the brain II: an appositional mind". *Bulletin of the Los Angeles Neurological Societies*, 1969b, 34, 135-162.

Bogen, Joseph E.; and Bogen, Glenda M.: "The other side of the brain III: the corpus callosum and creativity". *Bulletin of the Los Angeles Neurological Societies*, 1969, 34, 191-220.

Bortner, Morton; and Birch, Herbert G. "Perceptual and perceptual-motor dissociation in cerebral palsied children", *Journal of Nervous and Mental Disease*, 1962, 134, 103-108.

Bullock, Dalrymple, Danca, "Communication and the Nonverbal", *American Journal of Occupational Therapy*, March, 1975, 150-152.

Casler, Lawrence. "Maternal deprivation: a critical review of the literature", Monographs of the Society for Research in Child Development, 1961, 26, No. 2, Serial No. 6.

Casler, Lawrence, "The effects of extra tactile stimulation on a group of institutionalized infants". *Genetic Psychology Monographs*, 1965, 71, 137-175.

Chee, Fk. W.; Clark, D.L.; and Kreutzberg, J.R.: "Semicircular Stimulation in Cerebral Palsied Children", Journal of Physical Therapy, September, 1978, 1071-1078.

Chee, Fk.W.; Clark, D.C. and Kruetzberg, J.R.: "Vestibular Stimulation Influence on Motor Development in Infants", American Association for the Advancement of Science, June 1977, 1228-1229.

Clark, Florence A. and Shuer, Julia: "A Clarification of Sensory Integrative Therapy and its Application to Programming with Retarded People", Mental Retardation, June, 1978, Vol. 16, No. 3.

Clements, Sam D.; and Peters, John E.: "Minimal brain dysfunction in the school age child", Archives of General Psychiatry, 1962, 6, 185-197.

Cliff, Shirley; Gray, Jennifer; Nymann, Carol: Mothers Can Help, El Paso, Texas, Guynes Printing Co., 1974.

Coghill, G.E.: Anatomy and the Problem of Behavior. Cambridge: Cambridge University Press, 1929.

Cohen, Leonard: "Role of eye and neck proprioceptive mechanisms in body orientation and motor coordination". Journal of Neurophysiology, 1961, 24, 2-11.

Colangelo, Cheryl; Bergenm Adrienne; Gottleib, Linda: A Normal Baby: The Sensory-Motor Processes of the First Year, Blythedale Children's Hospital, Valhalla, NY, 1976.

Crickmay, Marie C., M.A., L.C.S.T.: Speech Therapy and the Bobath Approach to Cerebral Palsy, Springfield, Illinois, Charles C. Thomas, Third Printing, 1972.

Cristella, Mary. "Comparison of Straddling and Sitting Apparatus for the Spastic Cerebral Palsied Child". American Journal of Occupational Therapy, May-June, 1975, 273-276.

Crosby, Elizabeth C.; Humphrey, Tryphena; Lauer, Edward W.; et. al. "Correlative Anatomy of the Nervous System. New York; Macmillian Co., 1962.

Danella, E.A.; "Study of Tactile Preference in Multiply Handicapped Children", American Journal of Occupational Therapy, Vol. 27, No. 8, November-December, 1973.

Dekaban, A.; Neurology of Early Childhood. Baltimore, Williams and Wilkins Co., 1970, pp. 1-49.

De Quiros, Julio; Scrager, Orlando: Neurological Fundamentals in Learning Disabilities. Academic Therapy Publications, San Rafael, California, 1978

De Quiros, Julio: "Significance of Some Therapy on Posture and Learning", *Academic Therapy*, Vol. XI, No. 3, Spring, 1976, 261-270.

Eisenberg, L. "Psychiatric Implications of Brain Damage in Children", *Psychiatry Quarterly*. 31(1): 72-92, 1957.

Enright, D. "Cognition - An Introductory Guide to Theory of Jean Piaget for Teachers of Multiply Handicapped Children", N.E. Regional Center for Services to Deaf-Blind Children, Watertown, Massachusetts, 1977.

Erhardt, Rhoda. "Sequential Levels in Development of Prehension", *The American Journal of Occupational Therapy*, November-December, 1974, 592-596.

Freeman, B.J.; Frankel, F.; and Ritvo, E.R.: "The Effects of Response Contingent Vestibular Stimulation on the Behavior of Autistic and Retarded Children". *Journal of Autism and Childhood Schizophrenia*, 1976, 6, 353-358.

Finnie, Nancie R.; *Handling the Young Cerebral Palsy Child at Home*. London: William Heinemann Medical Books Ltd., 1968.

Fox, J.: "*Improving Tactile Discrimination of the Blind*". *American Journal of Occupational Therapy*, 19, 5-7, 1965.

Frank, Lawrence K., "Tactile Communication", *Genetic Psychology Monographs*, 1957, 56.

Gal, R.; Lazarus, R.S.: "The role of Activity in Anticipation and Confronting Stressful Situations", *Journal of Human Stress*, 1975, 4, 4-20,

Gellhorn, E. "Motion and Emotion: The Role of Proprioception in the Physiology and Pathology of the Emotions", *Psychological Review*, 1964, 71(6): 457-472.

Gesell, Arnold. *The First Five Years of Life*. New York: Harper and Row Publishers, 1940.

Gilfoyle, Elenora M.; Grady, Ann P.; Moore, Josephine. *Children Adapt*. Charles B. Slack, Inc., Thorofare, New Jersey, 1981.

Hellmuth, Jerome (Ed.): *Exceptional Infant-Volume I-The Normal Infant*, New York: Brunner Mazel, Inc., Publishers, 1967.

Hellmuth, Jerome (Ed.), *Exceptional Infant-Volume II-Studies in Abnormalities*, New York: Brunner Mazel, Inc., Publishers, 1971.

Illingworth, R.S.: *The Development of the Infant and Young Child*. 4th ed., Baltimore, Williams, and Wilkins Co., 1970.

Kagan, J.: "Do Infants Think?". *Scientific American*, 226(3), 74-83, March, 1972.

Korner, A.F., and E.B. Thoman. "The Relative Efficacy of Contact and Vestibular-Proprioceptive Stimulation in Soothing Infants", *Child Development*, 43, 1972, 443-453.

Kramer, I.; M.E. Piermont. "Rocking Waterbeds and Auditory Stimulation to Enhance Growth of Premature Infants". Journal of Pediatrics, 88, 1976, 297-299.

Krumboltz, J., and Krumboltz, H. Changing Children's Behavior, New Jersey; Prentice-Hall, Inc., 1972.

Lassek, A.M. The Human Brain from Primitive to Modern. Springfield, Illinois: Charles C. Thomas, 1957.

Lebowitz, Martin H.; Colbert, Edward G.; and Palmer, James O.: "Schizophrenia in Children", American Journal of Diseases of Children, 1961, 102, 25-27.

Levine, S.: Some effects of stimulation in infancy. In S.A. Barnett (Ed.), Lessons from Animal Behavior for the Clinician, Little Club Clinics in Developmental Medicine, No. 7, 1962,

Levine, S.: "Stimulation in Infancy", Scientific American, Offprint No. 436, May, 1-8.

Lindsley, Donald B.: The recticular activating system and perceptual integration. In D.E. Sheer (Ed.), Electrical Stimulation of the Brain, Austin: University of Texas Press, 1961.

Llorens, L., and Rubin, E.: Developing Ego Functions in Disturbed Children, Detroit: Wayne Statel Press, 1967.

Magoun, H.W.: An ascending reticular activating system in the brain stem. Archives of Neurology and Psychiatry, 1952b, 67, 145-154.

Magoun, H.W.: The Waking Brain, Springfield, Illinois: Charles C. Thomas, 1958.

McFie, John: "The other side of the Brain", Developmental Medicine and Child Neurology, 1970, 12, 514-515.

McGraw, M.B.: The Neuromuscular Maturation of the Human Infant, New York: Hafner Publishing Co., 1963. First published 1945.

McKinney, John P.: Hand schema in children. Psychonomic Science, 1964, 1, 99-100.

Melzack, Ronald. Effects of early perceptual restriction on simple visual discrimination. Science, 1962, 137, 978-979.

Melzack, R.; and Burns, S.K.: Neurophysiological effects of early sensory restriction. Experimental Neurology, 1965, 13, 163-175.

Melzack, Ronald; and Wall, Patrick D.: Pain mechanisms: a new theory. Science, 1965, 150, 971-979.

Milani-Comparetti, A.; and Gidoni, E.A.: Routine developmental examination in normal and retarded children. Developmental Medicine and Child Neurology, 1967, 9, 631-638.

Milner, Brenda. Laterality effects in audition. In V.B. Mountcastle (Ed.), Interhemispheric Relations and Cerebral Dominance, Baltimore: Johns Hopkins Press, 1962.

Montgomery, Pat; and Richter, Eileen. Sensorimotor Integration for Developmentally Disabled Children: A Handbook, Western Psychological Services, Los Angeles, California, 1977.

Montgomery, P.; and Richter, E.: "Effects of Sensory Integrative Therapy on the Neuro-motor Development of Retarded Children", Physical Therapy, 1977, 59, 799-806.

Montgomery, P.: "Sensory Dysfunction in Children Who Toe Walk", Physical Therapy, 58 (10), 1978, 1195-1204.

Moore, J.C.: Neuroanatomy Simplified. Dubuque: Kendall/Hunt, 1969.

Morrison, D.; Pothier, P.; and Horr, K.: Sensory Motor Dysfunction and Therapy in Infancy and Early Childhood. Springfield: Charles Thomas, 1978.

Naunton. R.R., (Ed.); The Vestibular System , Academic Press, San Francisco: 1975.

Neff, William D.: and Goldberg, Jay M. Higher functions of the nervous system. Annual Review of Physiology, 1960, 22, 499-524.

Norton, Y.: "Neurodevelopment and Sensory Integration for the Profoundly Retarded Multiply Handicapped Child", American Journal of Occupational Therapy, 29, 2, 93-100.

Ornitz, Edward M. Vestibular dysfunction in schizophrenia and childhood autism. Comprehensive Psychiatry, 1970, 11, 159-173.

Painter, G. The effect of the rhythmic and sensory motor activity program on perceptual motor spatial abilities of kindergarten children. Exceptional Children, 1966, 33, 113-116.

Parent, L.H.: Effects of a low-stimulus environment on behavior. American Journal of Occupational Therapy, 1978, 32, 19-25.

Pearson, Paul, (Ed.), Physical Therapy Services in the Developmental Disabilities, Springfield, Illinois: Charles C. Thomas Publishers, 1972.

Peiper, A.: Cerebral Function in Infancy and Childhood, J. Wortis, ed.

Penfield, A.: Speech, perception and the uncommitted cortex, In J.C. Eccles (Ed.), Brain and Conscious Experience. New York: Springer-Verlag, 1966.

Piaget, Jean. The Origins of Intelligence in Children. New York: International Universities Press, 1952.

Piggott, L. et. al. "Vestibular Dysfunction in Emotionally Disturbed Children", Biol. Psy., 11, 1976, 719-729.

Pincus, J.; and Tucker, G.: Behavorial Neurology. New York: Oxford University Press, 1974.

Pribram, Karl H.: Limbric system. In D.E. Sheer (Ed.) Electrical Stimulation of the Brain. Austin: University of Texas Press, 1961.

Price, Antje; Gilfoyle, E.; and Meyers C.; (Eds.): Research in Sensory-Integrative Development, American Occupational Therapy Association, 1976.

Rapin, I.; "Hypoactive Labyrinths and Motor Development", Clinical Pediatrician, 13, 1974, 922-937.

Riddoch, G.; and Buzzard, E.F.: Reflex movements and postural reactions in quadraplegia and hemiplegia with special reference to those of the upper limb. Brain, 1921, 44, part 4, 397-489.

Riesen, Austin H.: Excessive arousal effects of stimulation after early sensory deprivation. In P. Solomon et. al. (Eds.), Sensory Deprivation, Cambridge: Harvard University Press, 1961a.

Riesen, A.H.: Studying perceptual development using the technique of sensory deprivation. Journal of Nervous and Mental Disease, 1961b, 132, 21-25.

Rosenblith, Judy F.: Judgements of simple geometric figures by children. Perceptual and Motor Skills, 1965, 21, 947-990.

Rosenweig, Mark R.: Environmental complexity, cerebral change, and behavior. American Psychologist, 1966, 21, 321-332.

Rosenzweig, Mark R.; Krech, David; Bennett, Edward L.; and Diamond, Marion C.: Effects of environmental complexity and training on brain chemsitry and anatomy: A replication and extension. Journal of Comparative and Physiological Psychology, 1962, 55, 429-437.

Russell, W. Ritchie: Brain: Memory Learning. Oxford: Clarendon Press, 1959.

Russell, W. Ritchie: Some Anatomical Aspects of Aphasia, Lancet, 1963, Issue No. 7292, 1173-1177.

Scardina, V. "Identifying Charactersitics of Children with Dysfunction of the Left Side of the Body", American Journal of Occupational Therapy, 28, 1974, 478-483.

Schilder, P.: The Image and Appearance of the Human Body. New York: International Universitites Press, Inc., 1950.

Sechzer, J.A.: "Prolonged Learning and Split-brain Cats". Science, 1970, 169, 889-892.

Segundo, J.P.; and Machne, Xenia: Unitary responses to afferent volleys in lenticular nucleus and claustrum. Journal of Neurophysiology, 1956, 19, 325-339.

Selye, H.: The Stress of Life. New York: McGraw-Hill, 1956.

Semans, Sarah: The Bobath concept in treatment of neurological disorders. American Journal of Physical Medicine, 1967, 46, 732-785.

Semmes, Josephine; Weinstein, Sidney; Ghent, Lila; and Teuber, Hans-Lukas: Somatosensory Changes after Penetrating Brain Wounds in Man. Cambridge: Harvard University Press, 1960.

Semmes, Josephine; Weinstein, Sidney; Ghent, Lila; and Teuber, Hans-Lukas: Spatial orientation in man after cerebral injury: I. Analysis by locus of lesion. Journal of Psychology, 1955, 39, 227-244.

Semmes, Josephine, A non-tactual factor in astereognosis. Neuropsychologia, 1965, 3, 295-315.

Sherrick, I.; et. al. "Some Comments of the Significance and Development of Midline Behavior During Infancy". Child Psychology and Human Development, 6(3), 1976, 170-183.

Silver, A.: "Postural and Righting Responses in Children". Journal of Pediatrics, 1952, 41, 493-498.

Siminoff, R.: Functional organization of hairy skin in response to sensory stimuli. Experimental Neurology, 1965, 13, 331-350.

Smith, O.W.; and Smith, P.C.: Developmental studies of spatial judgements by children and adults. Perceptual and Motor Skills, 1966, 22, 3-73.

Snyder, Lynn S.: Language impairment in children with perceptual-motor dysfunction. American Journal of Occupational Therapy, 1971, 25, 105-108.

Rehagen, N.J.; and Thelen, M.H.: "Vibrative or Positive Reinforcement for Retarded Children", Journal of Abnormal Psychology, 1972, 80, 162-167.

Solomon, Joseph C. Passive motion and infancy. American Journal of Orthopsychiatry, 1959, 29, 650-651.

Solomon, Philip, et. al. Sensory Deprivation. Cambridge: Harvard University Press, 1961.

Sperry, R.W.:Neurology and the mind-brain problem. American Scientist. 1952, 40, 291-312.

Sperry, R.W.; and Gazzaniga, M.S. Language following surgical disconnection of the hemispheres. In C.H. Millikan (chairman) and F.L. Darley (Eds.), Brain Mechanisms Underlying Speech and Language, New York: Grune and Stratton, 1967.

Stern, Francine: "A Review of the Reflex Development of the Infant", American Journal of Occupational Therapy, April, 1971, 155-518.

Stockmeyer, Shirley A.: An interpretation of the approach of Rood to treatment of neuromuscular dysfunction. American Journal of Physical Medicine, 1967, 46, 900-956.

Teuber, H.L.: Alterations of perception after brain injury. In J.C. Eccles (Ed.), Brain and Conscious Experience, New York: Springer-Verlag, 1966.

Trevarthen, C.B.: Double visual learning in split-brain monkeys. Science, 1962, 136, 258-259.

Trevarthen, C.: Functional interactions between the cerebral hemispheres of the split-brain monkey. In E.G. Ettlinger(Ed.), Ciba Foundation Study Group, No. 20, Functions of the Corpus Callsoum, London: J. & A. Churchill, 1965.

Trevarthen, Colwyn B. Two mechanisms of vision in primates. Psychologische Forschung, 1968, 31, 299-337.

Twitchell, Thomas Evans: Sensory Factors in Purposive Movement.

Tyler and Kahn: "A Home-Treatment Program for the Cerebral Plasied Child", American Journal of Occupational Therapy, August, 1976, 437-440.

Tyler, Kogan, Turner: "Interpersonal Components of Therapy with Young Cerebral Palsied", American Journal of Occupational Therapy, August, 1974, 395-400.

Vereeken, P.: Spatial Development. Groningen: J.W. Wolters, 1961.

Walsh, E.G.: Perception of linear motion following unilateral labyrinthectomy: variation of threshold according to the orientation of the head. Journal of Physiology, 1960, 153, 350-357.

Walshe, E. Geoffrey: Sense of visual direction in normal subjects and neurological patients. Developmental Medicine and Child Neurology, 1969, 11, 333-345.

Walshe, F.M.R.: The anatomy and physiology of cutaneous sensibility. Brain, 1942, 65, 48-112.

Webb, R.C.: "Is Movement Necessary in the Development of Cognition?" Mental Retardation, 1971, 9 (4), 16-17.

Wechsler, David; and Hagin, Rosa A.: The problem of axial rotation in reading disability. Perceptual and Motor Skills, 1964, 19, 319-326.

Weeks, Z.R.: "Effects of the Vestibular System on Human Development, Part 1. Overview of Functions and Effects of Stimulation", American Journal of Occupational Therapy, 1979, 33, 376-381.

Weidenbacker, Rheta; Sandry, Martin; and Moed, George: Sensory discrimination of children with cerebral palsy: pressure/pain thresholds on the foot. Perceptual and Motor Skills, 1963, 17, 603-610.

E. SLIDE/AUDIO PRESENTATION SCRIPT

TABLE OF CONTENTS

IV. APPENDIX (Continued)

B. Fact Sheets.. 66

C. Sample IEP, Sample Sequence and End of Year Summary Reports..... 72

D. Bibliographies... 93

E. Slide/Audio Presentation Script.............................. 120

F. Handout of Introductory Training Workshop.................... 126

G. Training Module on the Interdisciplinary Team Approach.......... 129

H. Sixth Year Impact Data.. 147

V. FINANCIAL STATUS REPORT.. 149

FINAL
SLIDE TAPE PRESENTATION

OVERVIEW OF PROJECT UPSTART

SLIDES	NARRATIVE
1	Focus
2	Black
3	Washington
4	Child
5	Washington
6	Child
7	Washington
8	Child
9	Today Project UPSTART is a demonstration and outreach program for severely and profoundly handicapped children, ages birth to eight, in Washington, D.C.
10	This program is administered by the Easter Seal Society for Disabled Children and Adults, Inc.
11	The Easter Seal Society has housed the center based demonstration program since 1977.
12	Project UPSTART emphasizes the facilitation of learning in an underserved population.
13	It integrates therapy and educational activities into a neuro-sensori-motor sequence which uitlizes the team approach.
14	Children are referred to the program by parents, social workers, hospitals, physicians, and friends.
15	They are then initially screened for possible placement by two members of the demonstration program team.
16	This team consists of a special education teacher, occupational therapist, physical therapist, speech therapist and classroom assistant.

SLIDES	NARRATIVE
17	Upon classroom placement, the entire team evaluates the child and develops
18	a profile of strengths and weakness using a diagnostic/prescriptive approach.
19	This profile with additional information from parents is used to develop an Individualized Educational Plan, or I.E.P.,
20	which is integrated into the Neuro-sensorimotor sequence
21	This sequence is comprised of the following:
	Sensory Preparation,
	Gross Motor,
	Self-help,
	Fine Motor,
	Language,
	Cognition and
	Social.
22	The first component Sensory Preparation, involves restructuring the environment to control sensory input appropriate to needs of each child.
23	For example to dampen certain children's nervous systems, we use specific techniques such as low lights,
24	slow rocking, neutral warmth or soft music to encourage more normalized responses.
25	The Gross Motor component is aimed at improving body alignment,
26	patterns of movement, motor coordination, and motor planning skills.
27	For example, in order to improve body alignment, we work on correct handling and positioning.

SLIDES	NARRATIVE
28	The Self-help component stresses competence in activities of daily living such as feeding, toilet training, and dressing.
29	Examples of self-help activities are providing sensory input around and in the mouth to prepare the child for feeding.
30	and teaching a child to feed himself independently.
31	The Fine Motor component is designed to help children
32	develop eye-hand coordination and finger dexterity.
33	This child is improving her eye-hand coordination by reaching for objects that are placed within her field of vision.
34	The language component involves both oral and non-oral (pre-speech) activities.
35	These activities include learning to attend to sound, matching objects and combining actions with words.
36	In the Cognitive component, concepts such as object permanence, means-ends, causality and directionality are taught.
37	For example, this child is developing an awareness of the effect of his own actions by placing the toy to roll down the incline.
38	Socalization is an integral part of the entire neuro-sensorimotor sequence in order to teach a child to relate to other persons in his environment.
39	The second important aspect of Program UPSTART's model is services to the families of handicapped children. These services include family visits, home visits, respite care, and medical consultations.
40	Family visits to the Project include training and behavior management programs in the areas of feeding, toileting, positioning and personal care.

SLIDES	NARRATIVE
41	Home visits are offered to deepen interaction with family members and to provide counseling and training.
42	Additionally, when families need child care outside of the family structure, the Easter Seal Society assists in finding private or public sources that will care for the child.
43	This may involve services from temporary babysitting to a more permanent arrangement.
44	Medical clinics ate offered in pediatrics, orthopedics and neurology.
45	The third component of the Projcet UPSTART model is outreach. Outreach serves the community by providing training programs and workshops to facilitate increased awareness and experience in working with the disabled population.
46	These workshops and programs are targeted to involve parents of Handicapped, Volunteers and Health professionals and paraprofessionals in the areas of handling techniques, positioning, environmental considerations and educational techniques.
47	Another phase of the outreach operation entails replicating its model program or components at other facilities.
48	The program has been extablished in Southeast and Northwest, Washington, D.C., and St. Mary's and Charles Counties in Maryland.
49	The Project offers these centers services such as consultation, "hand-on" training, and dissemination of program materials.
50	Project UPSTART is interested in assisting other public and private agencies in replicating its model.
51	Project UPSTART is funded jointly by the Handicapped Children's Early Education Program

SLIDES	NARRATIVE
52	of the Office of Special Education and Rehabilitation Services, U.S. Department of Education
53	and the Easter Seal Society for Disabled Children and Adults, Inc.
54	A visable and viable program, Project UPSTART is designed to facilitate learning in an underserved population....Children with multiple severe and profound handicaps.
55	Child
56	Child
57	Child
58	Child
59	Child
60	Produced by
61	Child
62	Funding
63	Funding
64	Disclaimer
65	Black

4/84

F. HANDOUT OF INTRODUCTORY TRAINING WORKSHOP

THE SEQUENCED NEURO-SENSORIMOTOR PROGRAM (SNSP)

MONTANA SYMPOSIUM

THURSDAY, APRIL 28, 1983

1:15 - 1:35	I.	OVERVIEW	Larry
1:35 - 1:50	II.	The Impact of teaming when preparing the child for learning Sequence	Larry
1:50 - 2:15	III.	Team Role Play	
2:15 - 3:05	IV.	NDT/SI Experiencing dampening and reving	Joan
3:05 - 3:15		BREAK	
3:15 - 3:40	V.	Interweaving adapted NDT/SI Therapies with education	Kay
3:40 - 4:10	VI.	Experiencing situations which interfere with learning	Small groups
4:10 - 4:40	VII.	Progression of Sequence	Kay and Joan

Evaluation Forms

BEST COPY AVAILABLE

Project UPSTART

Feedback and Evaluation

PLEASE CIRCLE APPROPRIATELY:

1. What is your discipline?

   [✓ A.] Teacher
   B. Physical Therapist
   C. Occupational Therapist
   D. Speech Therapist
   E. Administrator
   F. Parent
   G. Para-professional
   H. Other (specify) ____________

2. What segment was most interesting?

   A. Overview
   B. The impact of teaming
   [✓ C.] Team Role Play
   [✓ D.] Neuro-developmental therapy & sensory integration.
   [✓ E.] Interweaving adapted NDT/SI therapies with education.
   F. Experiencing situations which interfere with learning.
   G. Progression of sequence (individual and groups)

3. What segment was most informative?

   A. Overview
   B. The impact of teaming
   [✓ C.] Team Role Play good idea
   [✓ D.] Neuro-developmental therapy & sensory integration.
   E. Interweaving adapted NDT/SI therapies with education.
   F. Experiencing situations which interfere with learning.
   G. Progression of sequence (individual and groups)

4. Did you obtain a general understanding of Project UPSTART's Program?

   [✓ Yes]
   No

5. Did you obtain a general understanding of Neuro-developmental therapy and sensory integration?

   [✓ Yes]
   No

6. Please indicate area(s) not clearly presented if you answered #'s 4 or 5 "no".

7. Further comments or suggestions.

I am going to re-arrange my day if possible & try the low cognitive areas first.

G. TRAINING MODULE ON THE INTERDISCIPLINARY TEAM APPROACH

THE INTERDISCIPLINARY TEAM APPROACH

EASTER SEAL SOCIETY FOR DISABLED CHILDREN AND ADULTS, INC.

SOUTHEAST CENTER

April 5th - 18th 1983

All Sessions 9:00 a.m. - 12:00 a.m.

Tuesday, April 5th - S.E. - Meet with program Coordinator - Larry Szuch

1. Introduction and overview
2. Discussion of team work
3. Summary of staff roles
4. Slide presentation
5. Discussion

Wednesday, April 6th - S.E. - Meet with Occupational Therapist - Joan Frain

1. Role of the therapist (i.e., use of therapist, communication process with a therapist.)
2. Discussion of screenings, evaluating, curriculum development, placement.
3. Discussion of home visits/parent participation.
4. Description of types of involvements of children to observe in the classroom.
5. Classroom observation (Day Care)
6. Discussion

Thursday, April 7th - S.E. - Meet with visiting nurse - Margo Prentice -
- Sue Myers

1. Role of visiting nurse
2. Function in home, residental, school settings.
3. Discussion

Friday, April 8th - S.E. - Meet with Speech/Language Pathologist - Sue Abrahms

1. Role of speech therapist
2. Discussion of screenings, evaluations, appropriate placement, curriculum development.
3. Language stimulation
4. Discussion of home visits/parent participation.
5. Discussion of developmental disorders, physical, mental characteristics.
6. Classroom observation (Day Care)
7. Discussion

THE INTERDISCIPLINARY TEAM APPROACH (cont'd)

Monday, April 11th - S.E. - Meet with Special Education Specialist - Kay Kincaid

1. Role of teacher
2. Discussion of screenings, evaluating, curriculum development, appropriate placement.
3. Discussion of home visits/parent participation.
4. Discussion of developmental disorders physcal/mental characteristics, cognitive development.
5. Classroom observation (Project UPSTART Demonstration).
6. Discussion

Tuesday, April 12th -Girard St.- Meet with Neurologist - Dr. Schuelein
Neurology clinic observation (anti-convulsant)

Wednesday, April 13th-Girard St.- Meet with Pediatrician - Dr. Estampador

1. Pediatric clinic observation

Thursday, April 14th-Girard St - Meet with Social Worker - Thelma Mullin

1. Role of social worker
2. Case studies
3. Interaction with parents/staff
4. Placements
5. History of Easter Seals
6. Laws

Friday, April 15th - Girard St.- Meet with Orthopedist - Dr. Collins

1. Orthopedic teaching clinic observation

Monday, April 18th - S.E. - Meet with Program Coordinator - Larry Szuch

1. Discussion of staffings in other settings, residential, public schools, etc.
2. Discussion of other possible team members
3. Summary/Discussion
4. Recreation and leisure - Swim tape
   - observe in Demonstration class

ATTITUDE QUESTIONAIRE

(TEACHING SYTLE INVENTORY)

This questionnaire was devised to explore student teacher attitude regarding teaming roles in order to provide service to severely and profoundly handicapped children and to help individuals explore and identify attitudes which may interfer with participation in team service delivery. It was hoped that the questionnaire would not only register change but facilitate changes in attitudes. Possible responses were arranged so that there was a range of acceptable scores for the correct and incorrect.

The initial administration of the questionnaire was to six University of District of Columbia students who were in the Special Education graduate program and who were experiencing a two week exposure program in the concept of teaming in delivery of service. These students were given the questionnaire twice: First, prior to any exposure and second, during the final session of the two week program. The questions addressed the areas of space management, control, possession, stifled flexibility, staff burnout and responsibility.

It was found that question number one showed the greatest positive change - that of 33 1/3 % correct in the pretest to 83% correct of the group in the post test, while question two had a negative change from 83% to 66%, question four rose from 33 1/3 % to 50% and question six showed a rise from 50% to 66% Questions three, five and seven showed no change between the pre and the post tests.

The scores of the pre-post questionnaire are as follows:

QUESTIONS	PRE-TEST	POST-TEST	CHANGE
#1	correct = 2 students	correct = 5 students	increase of 50% to 83%
#2	correct = 5 students	correct = 4 students	decrease from 83% to 66%
#3	correct = 4 students	correct = 4 students	no change
#4	correct = 2 students	correct = 3 students	increase of 16.67 to 50%
#5	correct = 3 students	correct = 3 students	no change
#6	correct = 3 students	correct = 4 students	increase of 16.6 to 66%
#7	correct = 6 students	correct = 6 students	no change - 100%

See scoring chart on sample attached, p.

SCORING

1. I believe in "A space for everything and everything in it's space" (or do not have the item).

   1 2 3 4 5 6
   AGREE DISAGREE

   #1 100%=3,4,5,6
   0%=1,2

2. I believe that "As long as it's for the children, anything goes".

   1 2 3 4 5 6
   AGREE DISAGREE

   #2 100%=2,3,4,5
   0%=1+6

3. "I want to be able to view all the children, aides, staff all the time".

   1 2 3 4 5 6
   AGREE DISAGREE

   #3 100%=2,3,4,5
   0%=1+6

4. I want to know two days in advance when someone plans to work with one of my children.

   1 2 3 4 5 6
   AGREE DISAGREE

   #4 100%=4,5,6
   0%=1,2,3

5. I am limited by the number of children I am responsible for and the room assigned to me.

   1 2 3 4 5 6
   AGREE DISAGREE

   #5 100%=3,4,5
   0%=1,2,+6

6. The greatest problem when working with SPH children is staff burnout.

   1 2 3 4 5 6
   AGREE DISAGREE

   #6 100%=2,3,4
   0%=1,5,6

7. I believe the teacher is the only person that should be responsible for the overall program of each child.

   1 2 3 4 5 6
   AGREE DISAGREE

   #7 100%=3,4,5,6
   0%=1,2

INTERDISCIPLINARY TEAM APPROACH

THE EASTER SEALS SOCIETY FOR DISABLED CHILDREN & ADULTS

INSTRUCTIONS: Complete all items on this evaluation instrument. You need not put your name on the instrument. In the following items circle 1 through 5: 1 is the highest rating; 5 is the lowest rating.

Value:

1	2	3	4	5	Overview on Team Work Program Coordinator - Larry Szuch
1	2	3	4	5	Occupational Therapist - Joan Frain
1	2	3	4	5	Visiting nurse - Margo Prentice and Sue Myers
1	2	3	4	5	Speech and Language Pathologist - Sue Abrahms
1	2	3	4	5	Special Education Specialist - Kay Kincaid
1	2	3	4	5	Neurologist - Dr. Schuelein
1	2	3	4	5	Pediatrician - Dr. Estampador
1	2	3	4	5	Social Worker - Thelma Mullin
1	2	3	4	5	Orthopedist - Dr. Collins
1	2	3	4	5	Recreation/Leisure and wrapup with program coordinator - Larry Szuch

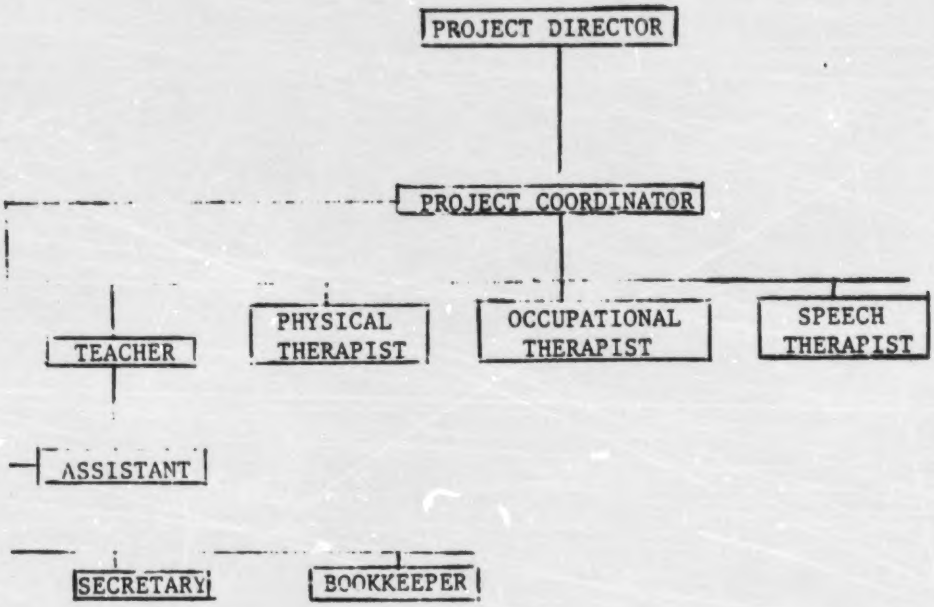
What positive comments do you have concerning your experience?

What negative comments would you offer concerning the experience?

Would you recommend any additions or changes to the experience?

How would you rate the knowledge you gained? EXCELLENT GOOD POOR
(circle one)

FLOW CHART


PROJECT DIRECTOR
PROJECT COORDINATOR
TEACHER
PHYSICAL THERAPIST
OCCUPATIONAL THERAPIST
SPEECH THERAPIST
ASSISTANT
SECRETARY
BOOKKEEPER

BEST COPY AVAILABLE

TEAM WORK

DEFINITIONS:

1. Work done by several associates with each team member doing a part, but all subordinating personal prominence to the efficiency of the whole.

2. Working together in the classroom facilitating the total child to reach maximum potential.

What Makes a Good Team?

1. Team members must have appropriate knowledge and experience in their contributing area of expertise on the team.

2. Time must be allowed for teams to meet.

3. Aspects of team building develops including trust, respect, support, and above all communication.

4. Team members ask for and receive input from each other.

Common philosophy of team members working on the Sequenced Neuro-Sensorimotor Program (SNSP).

1. To develop individual sequences interweaving adapted techniques of neurodevelopmental therapy and sensory integration with education providing their services as a team member in the classroom. (See page for definition of NDT/SI.)

2. Beginning where the (total) child is.

3. Preparing the (total) child for the learning experience.

BEST COPY AVAILABLE

SNSP TEAM MEMBERS

1. Teacher
2. Teacher Assistant
3. Occupational Therapist
4. Physical Therapist
5. Speech Therapist

Working together in the classroom

1. Physician
2. Orthopedist
3. Neurologist
4. Consultants
5. Psychologist
6. Social Worker
7. Volunteers

Support members to the classroom team

1. Physical Education Instructor
2. Motor Specialist
3. Music Therapist
4. Art Therapist
5. Recreational Therapist
6. Audiologist
7. Nurse/visiting Nurse
8. Dentist
9. Vision Specialist
10. Media Specialist

Additional team members may include

BEST COPY AVAILABLE

When working on the SNSP team, team members will find that all of the aforementioned aspects are naturally facilitated, as a matter of fact, are impossible to avoid. Therefore, the definition of interdisciplinary team, or transdisciplinary team, while implementing the SNSP, will be referred to as "TEAM WORK".

It has been our experience over the years that the primary attributes of a cohesive team working on the SNSP are:

1. Communication
2. Committment
3. Cooperation
4. Willingness to accept suggestions

These are imperative aspects and do not develop over night. It takes a lot of hard work. The extent to which these aspects develop among the team members and the team as a whole is the essence of a good SNSP and the impact it has on the child reaching his/her maximum potential. (Because we feel these are key factors in a successful SNSP, may we suggest a workshop on Communication and Team Building.) When working with infants and young children, it becomes obvious that each area of a child's development affects and overlaps the other areas of development. Therefore it makes sense to look at the child as a whole and address the child's overall capabilities and needs. Consequently this is why each professional in the program performs as part of the team.

During each phase of development and implementation of a child's sequence, the advantages and benefits of therapists and teachers working in the classroom together as a team quickly becomes apparent: a) to be able to observe one another working with the child on a daily basis, b) the flow of the sharing of new techniques and the child's reaction, c) the daily support from one another, d) the opportunity for immediate communication available, as well as, e) to see the way in which common goals and activities overlap each professional's objectives. These are to highlight just a few.

COMMON GOALS AND OBJECTIVES OF TEAM MEMBERS ON THE SAME TEAM

TEAM WORK
AN
ASSIMILATION

FOOTBALL TEAM
↓
TEAM MEMBERS
↓
EXPERTISE (position played)
↓
OFFENSE (possesses ball)
↓
PLAYS (huddle, communication, team captain)
↓
IMPLEMENTATION
↓
TOUCHDOWN (scores, win)

SNSP
↓
TEAM MEMBERS
↓
EXPERTISE (Teacher, OT, PT, SP)
↓
OFFENSE (child)
↓
PROGRAM PLAN SNSP (staffings, communication, case manager)
↓
IMPLEMENTATION
↓
GAINS (maximum potential)

One area of the team concept which differs drastically in this assimilation is in the ample time provided for the team to meet, (football practice), to perform well, and as a result to win. Unfortunately, in our profession, in most cases ample time is not provided or not available for our teams to meet so that they too may perform well to win. This is an area which greatly needs improvement. Administrators need to take this into consideration. Therefore, we need to compensate and use all of our time effectively. The SNSP facilitates this compensation by using all team members in the classroom at the same time to develop the child's maximum potential.

Building a team work approach to provide services to handicapped children and their families is a complex mental process. The team developing the team work process has to committ themselves to the idea of combining and exchange information, skills, and knowledge. The team members have decided to cross traditional disciplinary boundaries and combine their knowledge and skills with each other for the benefit of the child. The team is constantly searching for ways to share their expertise with the other team members and is continuously striving for harmony and unity.

SPRING SEMESTER 1983 COURSE SYLLABI

The Joseph C. Waddy Memorial Program for the training of inservice teachers and full-time graduate students for severely and profoundly multi-handicapped children and youth in the District of Columbia.

COURSES:

0353-592 EDUCATIONAL TECHNIQUES AND STRATEGIES FOR TEACHING SEVERELY AND PROFOUNDLY HANDICAPPED CHILDREN AND YOUTH. SEMINAR II
3 grad credits

0353-593 APPLICATION OF TEACHNIQUES AND STRATIGIES FOR TEACHING SEVERELY AND PROFOUNDLY HANDICAPPED CHILDREN AND YOUTH. PRACTICUM II
6 grad credits

0353-594 EDUCATIONAL PROGRAMMING FOR SEVERELY AND PROFOUNDLY HANDICAPPED CHILDREN AND YOUTH. SEMINAR III
3 grad credits

DESCRIPTION:

0353-592. SEMINAR II. Instructional competency-based modules, techniques and strategies for severely and profoundly handicapped children and youth are presented which contain exercises that must be completed in practicum facilities. The modules include: Movement Sills, Self-Help Skills, Clinical Communication, Communication Strategies. Prereq: 0353-590/591 and taken concurrently with 0353-593 and 594.

0353-593. PRACTICUM II. The application of instructional modules presented in 592 and 594 to severely and profoundly handicapped children and youth in community facilities. Students are involved in community teaching and training from 9 a.m. to 12 noon, Monday through Friday. Prereq: 590/591 & taken concurrently with 592/594

0353-594. SEMINAR III. Instructional competency-based modules explore curriculum and content of programming for severely and profoundly handicapped children and youth. The modules include: Occupational Therapy, Pre-Academic Skills, Socialization, Recreation and Leisure Skills and Vocational Education. Guest lecturers present instructional modules and students present pertinent educational programs. Prereq: 590/591 & taken concurrently with 592/593.

Practicum Assignments. During the Spring, 1983, practicum assignments will be five weeks in duration, within two separate teaching practicum facilities. There will also be a two-week training and observation session for vocational education in a District of Columbia workshop setting, and a two-week interdisciplinary diagnosis training session held at D.C. Society for Crippled Children's South East Center.

PRE-REQUISITE STATEMENT

Before enrolling in 0353-592/593/594 students must have successfully completed all requirements at competency level for 0353-590/591. Students desiring to earn the master's degree should also have, or plan to complete, or enroll in prerequisite special education courses.

MEETING TIMES:

0353-592 meets Tuesday, 5 p.m. to 9 p.m., Room 232, Building 51
0353-593 meets 9 a.m. to 12 noon, Monday through Friday in assigned facilities
0353-594 meets Wednesday, 5 p.m. to 8 p.m., Room 232, Building 51.

OFFICE HOURS: Room 233, Building 51, Monday - Friday, 9 to 5, 673-6540

RATIONALE FOR COURSES:

Special Education courses 590 and 591 (Fall Semester 192) specifically educates and trains graduate level students to become educational managers of severely and profoundly handicapped children and youth in public and private educational programs. Although there are at present no specific certification requirements in the District of Columbia Public School System for teachers of Severely and Profoundly Handicapped, these and other continued courses, give the student the required fifteen (15) semester hours in the category of Mental Retardation. A student completing the courses would thus be able to apply for a categorical teaching certificate.

0353-592, 593, 594, as continuation courses, place heavy emphasis on educational programming and curriculum development for severely and profoundly handicapped children and youth. The emphasis is seen in such topics as movement, self-help, clinical communication, communication strategies, occupational therapy, pre-academics, recreation and leisure activities, socialization, and vocational training. Recent research in educational programming and teaching techniques, as well as examples of commercial educational programs will be explored in seminar sessions.

Clinical application exercises and experiences will not be of an experimental nature during the Spring Semester. All students are expected to know and apply behavior change techniques as well as task analysis and educational objectives to severely and profoundly handicapped children and youth. Students are also required to continue to keep a daily data-based clipboard system.

GOALS:

0353-592, 593, 594 continues previous courses and gives content, knowledge and suggestions for teaching in the instructional modules. Nine modules are presented in the Spring semester. Specific instruction is provided in how to teach a child or youth in the various topics.

INSTRUCTORS:

B. Shirley Avery, Teacher Forest Haven (DHS) Laurel, MD	PRE-ACADEMICS
Sherry Dailey, Teacher Washington Highlands Community School 8th & Yuma Sts, SE Washington, DC	SELF-HELP
Pauline Fisher, Movement Specialist 1884 Columbia Rd, NW Washington, DC 20009	MOVEMENT
James Melton, Project Director Professor, Special Education U.D.C.	MOVEMENT
Yvonne Mills, Director Speech and Hearing The Hospital for Sick Children Washington, D.C.	COMMUNICATION STRATEGIES CLINICAL COMMUNICATION

Diane Spence, Teacher Forest Haven (DHS) Laurel, MD	SOCIALIZATION
Larry Schutz Project Head Start D.C. Society for Crippled Children Washington, D.C.	RECREATION & LEISURE
Yona Mead, Occupational Therapist 112 Rittenhouse St. NW Washington, D.C.	OCCUPATIONAL THERAPY
Thomas Eaklor, Teacher Vocational Training Developmental Services Center Washington, D.C.	VOCATIONAL EDUCATION

FACULTY OBSERVERS: Dr. James Melton will observe students in practicum facilities, generally one morning each week.

COOPERATING TEACHERS: These will be announced prior to placement.

REQUIREMENTS: All students should adhere to the following requirements (as well as those in the Student Guidelines/Procedures and Policies)

1. Attend all seminar sessions.
2. Complete the post test of each instructional module at 90% competency on first or on second test.
3. Submit all instructional module practicum exercises when they are due to Ms. Richardson with the proper CHECKLIST attached to the front of exercises (Properly filled out). Practicum exercises are loged in office and then mailed to consultant.
4. Maintain a daily clipboard system of data-based instruction and submit to the project director for checking purposes at the end of each month. The Clipboard in its entirety is also submitted at the end of each semester. Clipboard material is also used and passed-on to rotating students. Faculty observers also ask for the clipboard on a weekly visit to practicum facility for checking purposes.
5. Submit, in typed form, four (4) abstracts of books found in the student library that pertain to educational programming for severely and profoundly handicapped children and youth.
6. Submit to Ms. Richardson, student evaluation forms of each instructional module after module completion.
7. Submit to Ms. Richardson Final Student evaluation of the semester program at the completion of courses.
8. Submit to Ms. Richardson Cooperating Teacher Evaluation and Practicum Evaluation at the end of each practicum assignment.
9. Submit to Ms. Richardson Attendance Sheet, signed by Cooperating Teacher at the end of each month. Monthly Fellowship Request for Payment are made out from these.
10. Read and study each instructional module and be prepared for seminar sessions as they are listed on the format section of this syllabi.
11. Read and Study required Tests.

TEXTS:

Tawney, James W. PROGRAMMED ENVIRONMENTS CURRICULUM, Charles E. Merrill, Columbus, OH; 1979.

Mori, Allen A. & Lowell F. Masters, TEACHING THE SEVERELY MENTALLY RETARDED, Germantown, MD: Aspen, 1980.

GRADING SYSTEM:

The grading system for 0353-592 and 594 are as follows:

The program is competency-based with 90% as the standard for passing instructional module requirements.

A	90% on all post test
B	Below 90% on one post test after it has been taken a second time
C & below	Below 90% on two or more post tests after they have been taken a second time.

The standard for grading practicum 0353-593 is as follows:

A	100% competency on all required practicum activities to be determined by module presuntor and faculty observer. If 100% comptency is not earned, the student is required to repeat the practicum assignment to attain competency. Superior rating from Cooperating Teachers, Satisfactory Ratings on Faculty Observations.
B	Less than 100% competency on all required practicum activities with stated reasons for why activities could not be accomplished at competency level. Less than Superior rating from Cooperating Teachers. No more than 4 Unsatisfactory Ratings on Faculty Observations.
C & below	Student is unable to effectively apply practicum exercises to teaching and training severely and profoundly handicapped children as determined by faculty observers and cooperating teachers as well as inability to accomplish practicum activities at competency level.

All Students must score PASSING on Final Examination; the Final will be dealt with as a post test.

Students completing both semesters work must take a COMPREHENSIVE EXIT EXAMINATION and score PASS, if a student does not PASS the Comprehensive Exit Examination he must retake it the following Spring, prior to applying for the Master's Degree (Student may only take this test 2 times)

FACILITIES:

Developmental Services Center
6045 16th Street, NW
Washington, D.C.

D.C. Children's Village
2 D.C. Village Lane, SW
Washington, D.C. 20032

Forest Haven, Elliott A
Laurel, MD

H. SIXTH YEAR IMPACT DATA

PROJECT UPSTART

SIXTH YEAR IMPACT DATA

DEMONSTRATION	CHILDREN AND FAMILIES SERVED	PERSONS TRAINED	REQUESTS FOR INFORMATION	VISITORS
77-78	28	1	102	283
78-79	24	15	148	110
TOTAL	45	16	250	394
79-80	24	18	161	122
TOTAL	69	34	411	515
OUTREACH 80-82	79	166	144	587
TOTAL	148	200	555	1102
81-82	104	174	71	689
TOTAL	252	374	726	1791
* 82-83	87	165	124	264
TOTAL	339	539	850	2055

* Old numbers indicate data through June 1983; new numbers show data through September 1983.

V. FINANCIAL STATUS REPORT